



GAJJU KHAN MEDICAL COLLEGE, SWABI

JOB APPLICATION FORM

2 x Photo

Post Applied For: _____ Job Advertisement No. _____

1. Applicant's Name: _____ 2. Father/Husband: _____
3. Date of Birth: _____ 4. Domicile: _____
(Distt. /Agency name)
5. CNIC No: _____ 6. Gender (Male/Female): _____
7. Email address: _____
8. Age: _____ Years _____ Months 9. Contact No. (Secondary): _____
10. Permanent Home Address: _____

11. EDUCATIONAL QUALIFICATION:

S#	Qualification	Year	Marks			Institution
			Total Marks	Obtained	% age	
1	SSC					
2	HSSC					
3	Graduation					
4	Master					
5						
6						

12. EXPERIENCE (Starting from Recent/Current job):

S#	Designation/ Post	Name of Organization	From	To	Total Experience in years
1					
2					
3					
4					
5					
6					
7					

13. Professional Courses / Training etc. (If any):

S#	Course /Training	Institute/Issuing Authority Name	From	To	Duration
1					
2					
3					

14. Give Two Referee Names (Only Professional or Educational References are required):

Name: _____

Name: _____

Designation: _____

Designation: _____

Relationship: _____

Relationship: _____

No. of Years of Acquaintance: _____

No. of Years of Acquaintance: _____

Contact No: _____

Contact No. _____

Email Address: _____

Email Address: _____

15. Attach attested copies of the following Documents to this job application form:

- i. CNIC
- ii. Domicile
- iii. Two Recent Photographs
- iii. Educational Degrees and Transcripts
- iv. Experience certificates
- v. Current CV/Bio data

16. List of attested documents attached.

Page No.

- i. CV/ Bio-data _____
- ii. Matric (S.S.C.) _____
- iii. Intermediate F. Sc. _____
- iv. DAE Diploma/ Engineering Degree/MBBS _____
- v. Higher Qualification _____
- vi. Detail Marks Sheets (DMCs) _____
- vii. Experience Certificates _____
- viii. Domicile Certificate _____
- ix. C.N.I.C _____
- x. NOC (Through Proper Channel Optional) (Advance copy) _____
- xi. Any other Document _____

16. Applicant's Declaration: I, Mr./Ms....., hereby solemnly affirm that the information given above is true, correct and that nothing has been concealed.

Note: (Rs: 1000\ - Non-refundable) Application Processing Fee at the time of submission. No application will be considered without processing fee.

Applicant's Signature & Date: _____

Administration
Gajju Khan Medical College Swabi