



MEDICAL TEACHING INSTITUTION

GAJJU KHAN MEDICAL COLLEGE/BACHA KHAN MEDICAL COMPLEX

NIGAR COLLEGE OF NURSING

Shahmansoor Swabi, KP Pakistan



MTI-GKMC/BKMC/NCN APPLICATION FORM FOR EMPLOYMENT

Advertisement Date					
Job Applying Institute	Gajju Khan Medical College		Bacha Khan Medical Complex		Nigar College of Nursing
Bank Name			Branch		
Account Title			Account Number		
Deposit Slip Number			Deposit Slip Date		

- ATTACH**
- ☐ Attested photocopy of CNIC.
 - 2 attested (passport size) photographs.
 - Attested Photo copies of all necessary documents like Degree, certificates, experience certificate, domicile, License (PNC,PEC,PMC)
- NOTE**
- ☐ Bring your original documents at the time of interview.
 - All information fields are mandatory (INCAPITALLETTERS). Incomplete form shall not be entertained.
 - If any fields irrelevant ,marks N/A.

ATTACH
Passport size
(2Photos)

Please Fill up in BLOCK letters

(Only one position can be applied for perform)

Date	Position Applied For				
First Name			Last Name		
Gender			Marital Status		
Male <input type="checkbox"/>	Female <input type="checkbox"/>		Single	Married	Other
Fathers Name			Spouse Name		
Nationality	Date of Birth	Religion		Blood Group	
CNIC No.			Domicile		
Contact Information					
Residence Phone No.			Cell No.		
Office Phone No.			Fax No.		
Office E-mail			Personal E-mail		



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Permanent Address (For Postal & Communication Please)

Country	Province
District	City
Address Details	

Next of Kin

Name	Relation
Phone No.	Cell No.
Address	

Education (Highest Degree First)

Degree	Institute	Marks Obtained	Grade	%Age	Passing Year	Board/University

Professional Information (PM&DC, PNC, CPSP, PEC etc)

Type	Professional Body	Number	Issue Date	Expiry Date



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Research Publication (If any use additional pages in case of more publications)

Employment History (Most Recent First)						
1.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
2.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
3.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
4.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
5.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason



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Are you currently employed? Please (✓) the box

Yes

☐

No

☐

Are you currently under any Govt. service? Please (✓) the box

Yes

☐

No

☐

Provide NOC

☐

Can we approach your current employer?

Please (✓) the box

Yes

☐

No

☐

Do you have any criminal record?

Please (✓) the box

Yes

☐

No

☐

If yes; please provide details

Do any of your relatives/acquaintances currently work at GKMC/BKMC/NCN?

Please (✓) the box

Yes

☐

No

☐

If yes, please provide details

RFID Number	Name	Designation	Department

Languages

	Read	Write	Speak
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

Name	Organization/Department	Designation	Contact No.	E-mail

Disabilities (if any) Yes

☐

No

☐

If yes, please specify

I certify that the above information is correct to the best of my knowledge. In case of any wrong declaration, I will be liable for any consequences including dismissal without notice.

Thumb Impression

Signature of Applicant

Date



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FOR OFFICIAL USE ONLY

Application status after Scrutiny:

Eligible		Not Eligible	
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Remarks (if any): _____

Signature of scrutiny Committee: _____

FREQUENTLY ASKED QUESTIONS(FAQs)

Q. I am interested in applying for more than one position. Do I need to complete a separate application for each position?

A. Yes, a separate form is required for every position.

Q. Am I required to follow up on my application?

A. No, once your application is received and found suitable for the position, you will be contacted by the HR Department.

Q. How I will be informed if short listed?

A. We inform candidates via *office order, telephone and email*.

Q. Does GKMC/BKMC/NCN give TA/DA to applicants?

A. ssNo TA/DA is permissible



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Phone: +92-938-280414

Email: hr@bkmcs.edu.pk

REFERENCE FORM

Note: This Reference Check Form must be completed by three separate referees. Each referee should provide independent feedback as per the instructions outlined in the form.

SECTION-I

(Candidate Information)

(Kindly fill the below reference check form, where not applicable please write N/A. We assure that all the information provided will be kept strictly confidential)

Name: _____ F/Name: _____

CNIC: _____ Position Applied for: _____

SECTION-II

Referee Information (Please provide your details as a referee)

Full Name: _____ Designation: _____

Organization: _____ Phone Number: _____

Email Address: _____ Relationship with Candidate: _____

How long have you known the candidate: _____

SECTION-III

Candidate Employment Status (Is the candidate currently employed? (Please select one))

☐ Yes ☐ No

If yes, please fill Section (IV)

SECTION-IV

(Current Employment Details (If Applicable))

Employer Name: _____ Position: _____

Duration of Employment: _____ Responsibilities: _____

Reason for Leaving (if applicable): _____



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SECTION-V (Rating)

Please rate him/her on a scale of
1=poor, 2=average, 3=good, 4= Very good and 5=exceptional
on each of these traits, and elaborate on each rating.

S.#	TRAIT AREA	SCORE	REMARKS
1	Professional Knowledge		
2	Practical Experience		
3	Ability to work under pressure		
4	Ability to take responsibility		
5	Management/Analytical skills		
6	Decision making ability		
7	Attendance/Punctuality/ Meeting deadlines		
8	Communication skills		
9	Quality of work/work ethics		
10	Overall Performance		
Total Score (50)			

Professional Strengths

Areas Needs Improvement

SECTION-VI (Overall Assessment)

Based on your experience with the candidate, do you think they are suitable for the position they are applying for? ☐ Yes ☐ No

Please provide any additional comments or insights that may help in the hiring process:



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SECTION-VII (Referee Signature)

Signature: _____ Date: _____

OTHER COMMENTS (If Any)

Thank You for your time and consideration.

To be filled by HR Department

Post Recruitment Section Focal Person:

Manager HR

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

