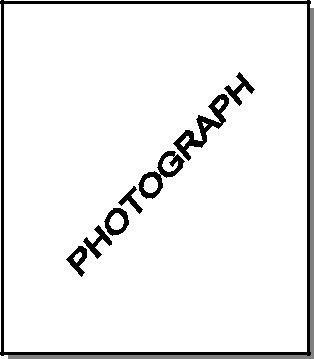
**NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES**

**RAFIQUI (H.J.) SHAHEED ROAD**

**KARACHI.**

**EMPLOYMENT APPLICATION FORM FOR DOCTORS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME |  | | | | | | | |  | \_\_ SEX | | | |  |  |  |  |  | RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FATHER’S NAME: | | | |  | | | | |  |  |  |  |  |  |  |  | TELEPHONE NO. | | |  | | | \_\_\_\_\_\_\_ |  |  |
| PERMANENT ADDRESS: | | | | | | | | |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  | (BLOCK LETTER) | | | | | | | | | | | | | |  |  |  |
| POSTAL ADDRESS: | | | | | | | | |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  | (BLOCK LETTER) | | | | | | | | | | | | |  |  |  |
| NATIONAL IDENTITY CARD NO. | | | | | | | | | |  | | | |  |  |  |  | PLACE OF DOMICILE | | | | | \_\_\_\_\_\_\_\_\_ | | |
| DATE OF BIRTH | | |  | | | | | |  |  |  |  |  |  |  |  | MARITAL STATUS | | | |  | | \_\_\_ | | |
| NO. OF CHILDREN | | | | |  | | | |  |  |  |  |  | PHYSICAL DEFECTS IF ANY | | | | | | | |  | \_\_\_\_\_\_\_\_\_ | | |
| PERSON TO BE NOTIFIED IN EMERGENCY | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_ | | |
| ADDRESS: | |  | | | | | | |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| TELEPHONE IF ANY: | | | | | | |  | |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

**EMPLOYMENT INFORMATION:**

POSITION APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENTLY EMPLOYED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT ADDRESS OF PRESENT EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION RECORD:** | | | |  |  |  |
| NAME OF SCHOOL / COLLEGE / UNIVERSITY | | | | \_\_\_\_ YEAR\_\_\_\_\_\_\_\_\_\_\_ | | |
| MATRIC: | |  | |  | \_\_\_\_\_\_\_\_\_ |  |
| INTER: |  | | | \_\_\_\_\_\_\_\_\_ | |  |
| GRADUATION (MBBS) | | |  | \_\_\_\_\_\_\_\_\_ | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO. OF ATTEMPTS IN:** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1ST PROFESSIONAL: | | | |  | |  |  |  |  |  |  | 2ND PROFESSIONAL: | | | | | | | |  | | \_\_\_\_\_\_\_\_ |  |  |
| 3RD PROFESSIONAL: | | | | |  |  |  |  |  |  |  | 4TH PROFESSIONAL: | | | | | | |  | | | \_\_\_\_\_\_\_\_ |  |  |
| TOTAL NUMBER OBTAINED IN FINAL YEAR MBBS: | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | \_\_ |  |  |
| POST GRADUATION: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_ |  |  |
| OTHERS: | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_ | |  |
| LIST OF LANGUAGE YOU SPEAK: | | | | | | | | |  |  |  |  |  |  |  |  |  | READ | | |  | \_\_\_ | |  |
| WRITE: |  | | | | |  |  | OTHER COURSES ATTENDED: | | | | | | | | |  | | | | | \_\_\_\_\_\_\_\_\_ | |  |
| PRINCIPAL FIELD OF STUDY: | | | | | | |  | | |  |  |  |  |  | PRINCIPAL INTEREST:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  |
| OTHER INFORMATION & REMARKS | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_ | |  |
| **EXPERIENCE RECORD (INCLUDING HOUSE JOB)** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | | |  | | | |  |  | |  |  |  |  |  |  | | | |  | |  |
| **JOB HELD** | | |  | | | **SUBJECT** | | | |  | **FROM** | |  | **TO** |  |  |  | **TOTAL** | | | | **INSTITUTION** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **DURATION** | | | | | |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1ST HOUSE JOB | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2ND HOUSE JOB | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3RD HOUSE JOB | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OTHER**

**TRAINING**

**OTHER**

**EXPERIENCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST OF TWO REFERENCES NOT RELATED TO YOU** | | | | | |  |  |
| NAME: | |  | |  | OCCUPATION: | |  |
| ADDRESS: | | |  |  |  |  |  |
| NAME: | |  | |  | OCCUPATION: | |  |
| ADDRESS: | | |  |  |  |  |  |
| **PL: NOTE ATTACH ATTESTED COPIES OF:** | | | |  |  |  |  |
| 1. | TWO PASSPORT SIZE PHOTOGRAPHS. | | | 2. | | NATIONAL IDENTITY CARD | |
| 3. | PMDC | | | 4. | | DEGREE | |
| 5. | HOUSE JOB CERTIFICATE | | | 6. | | ALL PROF MARK SHEET | |
| 7. | TESTIMONIALS | | | 8. | | DOMICILE | |

1. MATRIC & INTER CERTIFICATE

DATE SIGNATURE OF APPLICANT \_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **FOR OFFICE USE ONLY** | | | | | |  |  |
| INTERVIEWED: | | |  |  | CLASS |  | | | DATE | |
|  |  |  |  |  |  |  |  |  |  |  |
| IMPRESSION | |  |  | DEPARTMENT | | |  | | DATE |  |
| MED |  | |  |  | STARTING | | |  |  |  |