**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 |  |  |  |