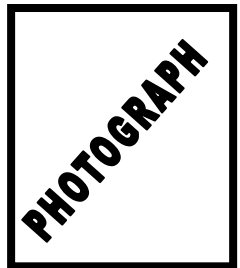


**NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES  
RAFIQUI (H.J) SHAHEED ROAD  
KARACHI**



**APPLICATION FORM FOR POSTGRADUATE DOCTORS**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CNIC # \_\_\_\_\_ SEX \_\_\_\_\_ D/O BIRTH \_\_\_\_\_

MOBILE # \_\_\_\_\_ PTCL # \_\_\_\_\_ EMAIL ID \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_ RELIGION \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NATIONALITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ PLACE OF DOMICILE \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

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

PRESENTLY EMPLOYED: YES / NO ARE YOU GOVT. EMPLOYEE: YES / NO GOVT OF \_\_\_\_\_

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

**ACADEMIC INFORMATION:**

MATRIC: \_\_\_\_\_ YEAR \_\_\_\_\_

INTER: \_\_\_\_\_ YEAR \_\_\_\_\_

GRADUATION (MBBS) \_\_\_\_\_ YEAR \_\_\_\_\_

TOTAL NUMBER OBTAINED IN FINAL YEAR MBBS: \_\_\_\_\_ OUT OF \_\_\_\_\_ ANNUAL / SUPPLY

IMM: PASSED / FAILED / NOT APPEARED APPEARING IN (MONTH&YEAR): \_\_\_\_\_

POSTGRADUATION (IF): \_\_\_\_\_ SESSION \_\_\_\_\_

OTHERS: \_\_\_\_\_

LIST LANGUAGE YOU SPEAK: \_\_\_\_\_

READ \_\_\_\_\_ WRITE: \_\_\_\_\_

OTHER COURSES ATTENDED: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN EMERGENCY**

NAME \_\_\_\_\_ MOBILE # \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**EXPERIENCE RECORD (INCLUDING HOUSE JOB)**

JOB HELD	SUBJECT/FIELD	FROM	TO	TOTAL DURATION	INSTITUTION
1 <sup>ST</sup> HOUSE JOB					
2 <sup>ND</sup> HOUSE JOB					
3 <sup>RD</sup> HOUSE JOB					
<b>OTHER TRAININGS</b>					
<b>OTHER EXPERIENCES</b>					

**LIST OF TWO REFERENCES NOT RELATED TO YOU:**

1. NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**NOTE: PLEASE ATTACH ATTESTED COPIES OF FOLLOWING DOCUMENTS:**

- |  |                                 |
|--|---------------------------------|
| 1. TWO PASSPORT SIZE PHOTOGRAPHS   | 2. NATIONAL IDENTITY CARD       |
| 3. PMDC (VALID)  | 4. MBBS DEGREE                  |
| 5. HOUSE JOB CERTIFICATES  | 6. ALL PROFESSIONAL MARKS SHEET |
| 7. TESTIMONIALS  | 8. DOMICILE                     |
| 9. MATRIC & INTER CERTIFICATES   | 10. FCPS-PART-I                 |
| 11. 2 YEARS RESIDENCY IN G. MEDICINE/ G. SURGERY                                 | 12. LETTER OF RECOMMENDATION    |
| 13. BLS (Basic Life Support) & ACLS (Advanced Cardiac Life Support) Certificates |                                 |

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPLICATION RECEIVED ON: \_\_\_\_\_ BY: \_\_\_\_\_ SIGN: \_\_\_\_\_

INTERVIEWED: \_\_\_\_\_ IMPRESSION \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

REMARKS: \_\_\_\_\_

DATE OF JOINING: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_