



OFFICE OF THE HOSPITAL DIRECTOR MTI/HAYATABAD MEDICAL COMPLEX HAYATABAD PESHAWAR

Application form for Employment **(BPS-16 & BELOW)**

Post Applied For _____

PHOTO

1. Name (in block letters) _____
2. Father's Name _____
3. Address and other particulars:
 - i. For correspondence (interview call)
 -
 - Mobile Ph. No.
 - ii. Permanent Home Address:
 - Ph. No.
 - iii. E-Mail Address Gender.
 - iv. Nationalityv. Religion..... vi. Domicile.....
 - vi. Marital Statusviii. Date of Birth
4. **Education: Commencing from the Matriculation or Equivalent Examination.**

Sr. No	Certificate/ Degree	Name of Board/ University	Exam. With year of passing	Division/ Distinction	Attempt	% Marks Obtained
1.						
2.						
3.						
4.						
5.						
6.						
7.						

List of attested documents attached.	Page No.
i. Bio-data	_____
ii. Matric (S.S.C.)	_____
iii. Intermediate (F. A/ F. Sc.)	_____
iv. B. A/ B. Sc.	_____
v. M. A/ M. Sc.	_____
vi. Detail Marks Sheet (DMC)	_____
vii. Merit Certificates	_____
viii. Experience Certificates	_____
ix. Domicile Certificate	_____
x. C.N.I.C	_____
xi. _____	_____
xii. _____	_____
xiii. _____	_____
xiv. _____	_____
xv. _____	_____
xvi. _____	_____

I hereby declare that all the entries in this application form, all the additional particulars (if any) furnished along with it, are true to the best of my knowledge and belief.

Name & Signature of the Candidate

Dated: ___/ ___/ 2018



**MTI/Hayatabad Medical Complex Peshawar
Account Receipt (Office Copy)**

Name of Applicant _____ Diary No. _____

Applied For _____ Dated _____

Form Submission Fee _____

Signature (Receiver) _____



**MTI/Hayatabad Medical Complex Peshawar
Account Receipt (Applicant Copy)**

Name of Applicant _____ Diary No. _____

Applied For _____ Dated _____

Form Submission Fee _____

Signature (Receiver) _____