

## MTI-HMC APPLICATION FORM FOR EMPLOYMENT

- ATTACH Attested photocopy of CNIC.
  - 2 attested (passport size) photographs.
  - Attested Photocopies of all necessary documents. like, Degree, certificates, experience certificate, domicile, License

NOTE

- Bring your original documents at the time of interview.
- All information fields are mandatory; incomplete form shall not be entertained.
- If any field is irrelevant, mark it as N/A.

**ATTACH** 

Passport size (2Photos)

ase Fill up in BLOC	CK letters					
-	n be applied for per fo	rm)				
DATE		POSITION A	PPLIED FOR			
FIRST	Γ NAME.		LA	ST NAME		
CF.	NDER		MADI	TAL STATUS		
MALE	FEMALE	SINGLE		RRIED	OTHER	
	R S NAME	SINGLE		USE NAME	UITER	
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NATIONALITY	DATE OF BIRTH	RELIGION		BLOOD GROUP		
CNI	C NO.	PASSPORT	PASSPORT NO.		VALID UPTO	
DRIVING I	LICENSE NO.	DOMICILE				
	Contac	t Information				
RESIDENC	E PHONE NO.		С	ELL NO.		
OFFICE !	PHONE NO.	FAX NO.				
OFFICE E-MAIL		PERSONAL E-MAIL				
	Tempo	rary Address				
COU		PR	OVINCE			
DISTRICT				CITY		
		1				

### Permanent Address (If same as temporary address please ( $\sqrt{}$ ) the box

COUNTRY	PROVINCE				
DISTRICT	CITY				
CURRENT ADDRESS					

P. T .O

### **Next of Kin**

NAME.				RELATION				
PHONE NO.			CELL NO.					
ADDRESS								
	<b>Cation (Highest De</b> DEGREE INST)	gree First) ITUTE CGPA	. CDA	LDE	0/ACE	PASSING Y	/E A D	DEE NO
	DEGREE INSTI	HUIE CGPA	GRA	ADE.	%AGE	PASSING	LAK	REF. NO.
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Pro	fessional Informa							
	TÝPE	PROFESSIONAL	BODY		NUMBER	ISSUE DA	ATE	EXPIRY DATE
<b></b>	Jarmant History	(Most Decemt F	i4\					
Emp	ORGANIZATION	NAME & E-MAIL	irst)			DESIGNATION		
l.		·						
<b>'</b> '	SPECIALTY	PHONE NO.	LAST SALA	RY	FROM	TO DATE	]	LEAVING REASON
	ORGANIZATIO	N NAME & E-MAIL				DESIGNATION		
2.								
<b>Z.</b>	SPECIALTY	PHONE NO.	LAST SALARY F		FROM	TO DATE		LEAVING REASON
	ORGANIZATION	N NAME & E-MAIL	DESIGNATION					
3.								
<b>J.</b>	SPECIALTY	PHONE NO.	LAST SALA	RY	FROM	TO DATE	]	LEAVING REASON
Δre	vou currently e	mployed?	Please (√	) the I	box	Yes	No	
Are you currently employed? Please (√) the box Yes No								
	-	_			( ),			
If yes	; please provide de	tails of the bond.						
Process Burkling at law and a								
Research Publication (If Any)								

P. T .O

Please ( $\sqrt{}$ ) the box	Yes	No _	Please ( $\sqrt{}$ ) the		Yes	No No
Do you have any c Please ( $\sqrt{\ }$ ) the box f yes; please provid	Yes	No				
	-					
<b>Do any of your relati</b> f yes, please provide o		es currently work a	<b>t HMC?</b> Please ( $\sqrt{\ }$ )	the box	Yes	No
MR NUMBER	NAME		DESIGNAT	ION	DEPARTM	ENT
Computer Skills						
COURSE NAME		INSTITUTE		DURATION		PROFICIENCY
anguages						
			READ	W	RITE	SPEAK
			+			
References						
NAME	ORGAN	IZATION / DEPARTME	ENT DESIGNAT	TON CONTA	ACT NO.	E-MAIL
Disabilities (if any)	Yes	No				
f yes, please specify	/					
		s correct to the best o		n case of any	misstaten	nent, I will be

FOR OFFICIAL USE ONLY						
	Date					
Short Listed For						
Interviewed Yes	No	Called	On			
Employee ID	Attendance No.		MR No			
DOJ	Department					
Sub Department			Designation			
Bank Information						
Bank Name						
Account Title			Account No.			
Officer		S	iign			

# 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 HMC give TA/DA to applicants?
- A. No TA/DA is permissible.