



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)

Please Fill up in BLOCK letters				
(Only one position can be applied for per form)				
DATE	POSITION APPLIED FOR			
FIRST NAME		LAST NAME		
GENDER		MARITAL STATUS		
MALE	FEMALE	SINGLE	MARRIED	OTHER
FATHER S NAME		SPOUSE NAME		
NATIONALITY	DATE OF BIRTH	RELIGION	BLOOD GROUP	
CNIC NO.		PASSPORT NO.	VALID UPTO	
DRIVING LICENSE NO.		DOMICILE		
Contact Information				
RESIDENCE PHONE NO.		CELL NO.		
OFFICE PHONE NO.		FAX NO.		
OFFICE E-MAIL		PERSONAL E-MAIL		
Temporary Address				
COUNTRY		PROVINCE		
DISTRICT		CITY		

Permanent Address (If same as temporary address please (√) the box

COUNTRY	PROVINCE
DISTRICT	CITY
CURRENT ADDRESS	

P. T. O

Next of Kin

NAME	RELATION
PHONE NO.	CELL NO.
ADDRESS	

Education (Highest Degree First)

DEGREE	INSTITUTE	CGPA	GRADE	%AGE	PASSING YEAR	REF. NO.

Professional Information (PM&DC, PNC, Driving License etc)

TYPE	PROFESSIONAL BODY	NUMBER	ISSUE DATE	EXPIRY DATE

Employment History (Most Recent First)

1.	ORGANIZATION NAME & E-MAIL		DESIGNATION			
	SPECIALTY	PHONE NO.	LAST SALARY	FROM	TO DATE	LEAVING REASON
2.	ORGANIZATION NAME & E-MAIL		DESIGNATION			
	SPECIALTY	PHONE NO.	LAST SALARY	FROM	TO DATE	LEAVING REASON
3.	ORGANIZATION NAME & E-MAIL		DESIGNATION			
	SPECIALTY	PHONE NO.	LAST SALARY	FROM	TO DATE	LEAVING REASON

Are you currently employed? Please (√) the box Yes No

Are you currently under any Govt. service? Please (√) the box Yes No

If yes; please provide details of the bond.

Research Publication (If Any)

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P. T. O

Can we approach your current employer?

Please (√) the box Yes No

Were you ever dismissed or asked to leave your job?

Please (√) the box Yes No

Do you have any criminal record?

Please (√) the box Yes No

If yes; please provide details

Do any of your relatives/acquaintances currently work at HMC? Please (√) the box Yes No

if yes, please provide details

MR NUMBER	NAME	DESIGNATION	DEPARTMENT

Computer Skills

COURSE NAME	INSTITUTE	DURATION	PROFICIENCY

Languages

	READ	WRITE	SPEAK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

NAME	ORGANIZATION / DEPARTMENT	DESIGNATION	CONTACT NO.	E-MAIL

Disabilities (if any) Yes No

If yes, please specify

I certify that the above information is correct to the best of my knowledge. In case of any misstatement, I will be liable for any consequences including dismissal without notice.

Signature of Applicant _____

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 _____ Sign _____

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.



MTI_Hayatabad Medical Complex Peshawar

Name of Applicant _____ Diary No. _____

Applied For _____ Dated _____

Employment form received _____

Receiver Signature _____



MTI-Hayatabad Medical Complex Peshawar

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