

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 been entertained.
- If any fields irrelevant, mark as N/A.

ATTACH
Passport size(2Photos)

Please Fill up in BLOCK letters					
(Only one position can	be applied for perform	1)			
Date		Position Ap	oplied Fo	r	
First	Name		Las	st Name	
Gen	nder		Marita	al Status	
Male	Female	Single	Ма	ırried	Other
Father	s Name		Spc	use Name	
Nationality	Date of Birth	Religio	on	В	lood Group
CNIC	C No.		Domicile		
	Contact	Information			
Residence	ce Phone No.		C	ell No.	
Office PI	hone No.	Fax No.			
Office E-mail			Perso	nal E-mail	
			- 		

Permanent Address (For Postal & Communication Please)

Country	Province				
District	City				
Address Details					

1 | Page P.T.O

Next of Kin

Relation				
Cell No.				
Address				

Education (Highest Degree First)

Degree	Institute	Marks Obtained	Grade	%Age	Passing Year	Board/University

Professional Information (PM&DC, PNC, CPSP, PEC etc)

Professional Body	Number	Issue Date	Expiry Date
	Professional Body	Professional Body Number	Professional Body Number Issue Date

Research Publication (If any use additional pages in case of more publications)

Empl	loyment History (M	ost Recent Fi	rst)				
	Organization Name		Designation				
1.							
'-	Email	Phone No.	Last Salary	From	To Date	Leaving Reason	
	Organization	n Name			Designation		
2.							
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason	
	Organization Name		Designation				
3.							
J.	Email	Phone No.	Last Salary	From	To Date	Leaving Reason	
	Organization	Name		Designation			
4.							
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason	
	Organization Name		Designation				
5.							
0.	Email	Phone No.	Last Salary	From	To Date	Leaving Reason	

2 | Page

Are you currently employ	ed? Please ($$) the box	Yes N	lo 📗	
Are you currently under a	ny Govt. service? Please ($$) the box	Yes N	o Provide N	ос 🗌
Can we approach your cu	rrent employer?			
Please ($$) the box	Yes No			
Do you have any criminal	record?			
Please ($\sqrt{\ }$) the box	Yes No			
If yes; please provide de	etails			
Do any of your relatives If yes, please provide det	s/acquaintances currently work at HMC	? Please ($$) the box	Yes No	
MR Number	Name	Designation	n Depa rt r	nen t
Languages				
		Read	Write	Speak
References	O	D	011 No	E
Name	Organization/Department	Designation	Contact No.	E-mail
		1		
Disabilities (if any)	Yes No			
If yes, please specify				
	information is correct to the best of nequences including dismissal without		ase of any wrong	declaration, I will
Thumb Impressio	n Sigi	nature of Applic	cant	
-		• •		
		Date		

3 | Page P.T.O

FOR OFFICIAL U	USE ONLY	
igible	Dated	
ot Eligible		
nterviewed Yes	No Called On	
ealing Assistant I	Dealing Assistant II	
	Superintendent HR	
ank Information		
	Account No	
Officer	Sign	
FREQUENTI Y A	ASKED QUESTIONS (FAQs)	_
REGUERIETA	TOTALD GOLDTIONS (I AGS)	
Q. I am interested in	n 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.