

# APPLICATION FORM

## PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN SHAHEED BENAZIRABAD, NAWAB SHAH, SINDH. PAKISTAN



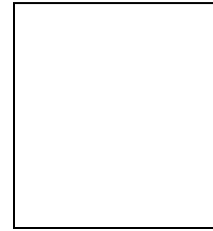
OFFICE OF THE REGISTRAR

**PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN**

**SHAHEED BENAZIRABAD.**



**APPLICATION FORM FOR THE POST OF**



Newspaper \_\_\_\_\_ Advertisement No. & Dated \_\_\_\_\_

Fees Paid Rs. \_\_\_\_\_ Challan/Draft/Pay Order No. \_\_\_\_\_ Dated \_\_\_\_\_

NAME (IN BLOCK LETTERS) \_\_\_\_\_

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

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

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

CONTACT NO.(RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_ (MOB) \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DOMICILE/PROVINCE \_\_\_\_\_ GENDER (TICK) MALE  FEMALE

MARITAL STATUS \_\_\_\_\_ RELIGION \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COMPUTERIZED NIC NO. \_\_\_\_\_

PMDC REGISTRATION NO. \_\_\_\_\_

**ACADEMIC BACKGROUND**

QUALIFICATION / DEGREE	NAME OF BOARD UNIVERSITY	YEAR OF PASSING	GRADE / DIVISION

**EMPLOYMENT RECORD AND JOB EXPERIENCE (IN CHRONOLOGICAL ORDER)**

DEPARTMENT ORGANIZATION	DESIGNATION BPS	DURATION		TOTAL PERIOD	REASON OF LEAVING
		FROM	TO		

**REFERENCES:**

List of two reputed and responsible persons. Particularly qualify to provide definite information regarding your character and ability. Please do not mention blood or close relative.

REFERENCE – 1	REFERENCE – 2
Name _____	Name _____
Position _____	Position _____
Address _____ _____	Address _____ _____
Contact# _____	Contact# _____

**PUBLICATIONS / RESEARCH WORK**

<b>S.NO</b>	<b>DETAILS OF ARTICLES / PUBLICATION / RESEARCH WORK</b>	<b>PUBLISHED IN JOURNAL</b>	<b>YEAR OF PUBLICATION</b>

**ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS / CERTIFICATES ARE  
SUBMITTED WITH THE APPLICATION FORM**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

**DECLARATION**

I solemnly affirm that the information given by me, in the form is true and correct to best of my knowledge. I undertake hereby that if any of information is found incorrect or false, I may not be offered for the post or may be dismissed from the job whenever proved incorrect or false and I may be liable for any penalty as decided by the competent authority.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

**PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES. ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY**

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact # \_\_\_\_\_

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

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Contact # \_\_\_\_\_

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

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Contact # \_\_\_\_\_

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Contact # \_\_\_\_\_

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact # \_\_\_\_\_

**UNDERTAKING BY THE DOCTOR**

**(To be typed on Rs.100/- Stamp Paper)**

I, \_\_\_\_\_ S/O, D/O \_\_\_\_\_

do hereby state on solemn affirmation that, if I am selected and appointed as \_\_\_\_\_

At PUMHS, (SBA). According to the University rules/terms & condition of appointment. I am liable to bound for service for (05) years. I assure that I will neither leave the service nor apply for NOC for selection at any other Institute Internationally and Nationally during this period of (05) years and if, violate the terms & conditions and Oath, I will be liable to bear any penalty as deemed fit and proposed by the University.

Whatever is stated above is true and best to my knowledge.

WITNESS-1

WITNESS-2

DEPONENT

Affidavit Before

1<sup>st</sup> Class Magistrate