



# KHAIRPUR MEDICAL COLLEGE

## KHAIRPUR MIR'S



### APPLICATION PROFORMA

Post Applied for: \_\_\_\_\_

Pay order No. \_\_\_\_\_ Date: \_\_\_\_\_

Photo

<b>NAME OF APPLICANT (BLOCK LETTERS)</b> _____	
<b>FATHERS NAME:</b> _____	<b>SURNAME:</b> _____
<b>CNIC No.</b> _____	<b>Religion:</b> _____
<b>DATE OF BIRTH:</b> _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>District of Domicile</b> _____	<b>Urban/Rural:</b> _____
<b>Residential Address:</b> _____	
<b>E-mail Address:</b> _____	
<b>Name of Institution presently working</b> <b>(Department &amp; Designation):</b> _____ <b>Since</b> _____	
<b>Landline/Mobile No.</b> _____ <b>2.</b> _____	
<b>Disability (if any)</b> <input type="checkbox"/> <b>Minority Quota</b> <input type="checkbox"/> <b>Female Quota</b> <input type="checkbox"/> <b>General Merit</b> <input type="checkbox"/>	

<b>ACADEMIC QUALIFICATION</b>			
<b>Degree</b>	<b>Passing Year</b>	<b>Board/University/Other</b>	<b>Percentage/Marks</b>
<b>Intermediate:</b>			
<b>Matric:</b>			
<b>Middle:</b>			

<b>EXPERIENCE (if any)</b>	<b>From</b>	<b>To</b>
<b>No Objection Certificate from Employer</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_