



KHAIRPUR MEDICAL COLLEGE KHAIRPUR MIR'S



APPLICATION PROFORMA

Post Applied for: _____

Pay order No. _____ Date: _____

Photo

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

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

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

Date: _____

Applicant Signature: _____