



# KHYBER MEDICAL COLLEGE PESHAWAR

## APPLICATION FORM (BPS:05 TO 16)

Affix your recent passport size photograph here

APPLICATION FOR THE POST OF \_\_\_\_\_

1. Name (in capital words): \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Present/Postal Address (for correspondence) \_\_\_\_\_  
\_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Domicile: \_\_\_\_\_
7. Cell No. \_\_\_\_\_
8. Religion \_\_\_\_\_
9. CNIC No. \_\_\_\_\_
10. Gender \_\_\_\_\_

11. **Academic Qualification:**

S.NO	Degree/Certificate	Board/University	Year of passing	Obtained Marks	Total Marks	Division/ Grade
1.						
2.						
3.						
4.						
5.						

12. **Professional Qualification/Training/Certification/Others, if any;**

S. No	Name of Institution	Type of training / course	Duration		Diploma or Certificate obtained
			From	To	
1.					
2.					
3.					
4.					
5.					

13. **Employment Record:**

S.No	Name of institution/ Organization	Duration	Designation	BPS	Nature of job permanent/ temporary
1.					
2.					
3.					
4.					
5.					

It is hereby certified that information given in this application form is correct and nothing relevant has been concealed.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Applicant