



**KHYBER MEDICAL COLLEGE, PESHAWAR**  
(Medical Teaching Institution)

**HUMAN RESOURCE & ESTABLISHMENT  
DEPARTMENT / SECTION**

**Job Application Form for Employment**



**ISSUE #: 01**

**DOCUMENT #: KMC-HR-F-10**

**ISSUE DATE: 01-05-2022**

Post Applied For \_\_\_\_\_

Affix your recent passport size photograph here

**Read the following instructions carefully before filling the form.**

- This application form, duly completed should be submitted to the office of the Dean, Khyber Medical College on or before the due date along-with the following documents:-**
  - Attested photocopies of all required certificates (SSC/HSSC/Academic certificates/Gold Medals/additional qualification in relevant field/ACLS/ATLS/original research publications, degrees, detailed marks certificates/transcripts, domicile, Experience Certificates etc.
- Incomplete application forms and those received after the due date will not be entertained.**
- Use additional sheets, if required.**
- Fill all the columns. Write N/A if not applicable**

**1. Name:** \_\_\_\_\_  
(in capital letters)

**2. Father's Name:** \_\_\_\_\_  
(in capital letters)

**3. Gender:** (Please Tick)  Male  Female **4. CNIC No.** \_\_\_\_\_

**5. Mailing Address:** \_\_\_\_\_  
(for correspondence)

**6. Permanent Address:** \_\_\_\_\_

**7. Mobile/Cell No 1:** \_\_\_\_\_ **8. Mobile/Cell No 2:** \_\_\_\_\_

**9. PTCL No:** \_\_\_\_\_ **10. E-Mail:** \_\_\_\_\_

**11. Date of Birth:** \_\_\_\_\_ **12. Nationality:** \_\_\_\_\_

**12. Domicile:** \_\_\_\_\_ **13. Marital Status:** \_\_\_\_\_

**14. Religion:** \_\_\_\_\_ **15. PMC / PEC No:** \_\_\_\_\_

**16. ACADEMIC QUALIFICATION: Commencing from the Matriculation or Equivalent Examination**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.					
4.					
5.					
6.					
7.					
8.					



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**17. ADDITIONAL RELEVANT QUALIFICATION/ Professional Qualification/Training/Certification/Others, if any;**

S#	Certificate/ Degree/Diploma/ Training/Workshops	Name of Board/ University	Year of passing	Period		% Marks Obtained / CGPA
				From	To	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**17. EMPLOYMENT RECORD: (in chronological order, starting with latest employment – use extra sheet if required)**

S#	Name of Institute / Organization	Designation	BPS / Grade	Nature of Job (Permanent/ Regular/ Contractual)	Status of Organization (Govt./Semi Govt./ Autonomous/ Private)	Period		Total Length of Service
						From	To	
1.								
2.								
3.								
4.								
5.								
6.								
7.								

**Total Experience.**  **Years**  **Months**  **Days**

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**Checklist of required documents attached.** *(Please mention the attached documents, other than enlisted below, at serial No. 15 & onwards)*

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. (Write page number on the top right corner of the attached documents)
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
11.	M.Phil/MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil/MS DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Relevant experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Relevant Training / Diploma certificates	<input type="checkbox"/>	<input type="checkbox"/>	
17.	<b>03 Referees Details (Name / Designation / Organization / Address / Contact No / Email) required when applying for the post of Assistant Professor</b>	<input type="checkbox"/>	<input type="checkbox"/>	
18.		<input type="checkbox"/>	<input type="checkbox"/>	
19.		<input type="checkbox"/>	<input type="checkbox"/>	
20.		<input type="checkbox"/>	<input type="checkbox"/>	
21.		<input type="checkbox"/>	<input type="checkbox"/>	
22.		<input type="checkbox"/>	<input type="checkbox"/>	
23.		<input type="checkbox"/>	<input type="checkbox"/>	
24.		<input type="checkbox"/>	<input type="checkbox"/>	
25.		<input type="checkbox"/>	<input type="checkbox"/>	

\* Attach additional sheet (if required).

I hereby declare that all the entries made in this application form and the additional particulars/documents furnished therein are true and to the best of my knowledge and belief. I understand that incomplete form will be sufficient ground to reject my job application form

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

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