SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM FOR ADMINISTRATIVE POST

1.	**Name of Post & BPS**															**2 Photographs** (Passport Size)
2.	**Name of Candidate**															
3.	**Father's Name**															
4.	**Date of Birth**															
5.	**Nationality**															
6.	**Domicile** (Please √ any one)	**Punjab** ☐	**Sindh -Rural** ☐	**Sindh-Urban** ☐	**Khyber Pakhtunkhwa** ☐											
		Baluchistan ☐	**Gilgit Baltistan** ☐	**FATA** ☐	**AJK** ☐	**Federal** ☐	**Merit** ☐									
7.	**Email Address**															
8.	**Postal Address**															
9.	**Permanent Address**															
10.	**Telephone Number**															
11.	**PMC No.**															
12.	**CNIC No.**						-								-	

13. ACADEMIC RECORD / QUALIFICATION

(Start with the highest degree)

Degree/ Certificate	Passing Year	Div./ Class	Major Subjects	Name of Board / University

Academic distinction (Attached distinction letter)

14. EXPERIENCE IN DETAIL IN RELEVANT FIELD

Name of Institute/ Organization/ Hospital	Position	From	To	Total Experience		
				Years	Months	Days

(Please attach separate list on the same format, if required)

15. LIST OF PUBLICATIONS IN JOURNALS HAVING IF (IMPACT FACTOR)

Sr #	Name of Author	Complete Name of Journal and address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No	Year Published	Impact Factor	Link

(Please attach separate list on the same format, if required)

16. LIST OF DOCUMENTS TO BE ATTACHED

- [ ] a) Original Pay Order/ Bank Challan
- [ ] b) Answered all relevant fields.
- [ ] c) Enclosed an NOC from current employer (No Objection Certificate)
- [ ] d) Enclosed Experience certificate from employer.
- [ ] e) Enclosed attested copies of:
    - [ ] 1. Matriculation / O Level
    - [ ] 2. Intermediate / A Level
    - [ ] 3. DMCs of all MBBS/BDS professional examinations.
    - [ ] 4. MBBS/BDS Degree
    - [ ] 5. All Master/M.Phil. /PhD degrees
    - [ ] 6. Equivalence certificate issued by HEC in case of foreign degree
    - [ ] 7. CNIC No.
    - [ ] 8. Domicile certificate.
    - [ ] 9. Three photographs in blue background.
    - [ ] 10. Valid PMC Registration
    - [ ] 11. Copy of Publication (If any)

I Dr/ Mr. /Ms. _____ hereby solemnly declare that the information provided by me for the appointment under BPS/TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, I shall be liable for the criminal proceeding under the relevant law and my appointment shall stand terminated.

____/ ____/ _____

Date

_____

Signature of the Candidate

Note:- Incomplete application or any application submitted after due date shall stand rejected. Any sort of influence will also be accountable to non-consideration for further processing.