





# **SHAHEED ZULFIQAR ALI BHUTTO** **MEDICAL UNIVERSITY**

## **EXPERIENCE IN DETAIL IN RELEVANT FIELD**

Name of Organization	Designation	From	To	Total Experience		
				Years	Months	Days

I Mr. /Ms. \_\_\_\_\_ hereby solemnly declare that the information provided by me for the appointment under BPS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Candidate

Note: - The applicant's is required to submit application form along with attested documents (viz: academic & experience), CV and CNIC etc. Incomplete application or any application submitted after due date or without bank draft will not be considered. Any sort of influence will also be accountable to non-consideration for further processing.

**PIMS, G-8/3, Islamabad, (44000) Pakistan**

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