

# SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## APPLICATION FORM FOR THE POST OF PROJECT COORDINATOR

1.	Name of Post									
2.	Name of Candidate									
3.	Father's Name						2 Ph (Pas	otogra sport S	<b>phs</b> ize)	
4.	Date of Birth									
5.	Gender									
6.	Nationality									
7.	Email Address									
8.	Postal Address									
9.	Permanent Address									
10.	Telephone									
11.	CNIC No.			-					-	

# 12. ACADEMIC RECORD / QUALIFICATION

Enomination Based	Year of	of D. (C. 1		e Examination	N 6D 1/1/			
Examination Passed	Passing	Div./ Grade	Obtain Marks	Total Marks	Name of Board / University			



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### 13. EXPERIENCE

Name of Organization	Designation	Nature of Duty	From	То

### 14. LIST OF DOCUMENTS TO BE ATTACHED

- a. Copies of educational qualifications
- b. Experience certificates from the employers
- c. CNIC
- d. Two photographs in blue background.

[ Mr. /Ms	hereby solemnly declare that the information provided by
me for the appointment as Project Coordinator is co	orrect and true in all respects. If it is found fake or having
incorrect information, at any point of time, I shall be	e liable for the administrative proceeding under the relevant
aw and my appointment shall stand terminated.	
<u> </u>	
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.
- Only short-listed candidates will be called for interview.