



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

13. EXPERIENCE

Name of Organization	Designation	Nature of Duty	From	To

14. LIST OF DOCUMENTS TO BE ATTACHED

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

I Mr. /Ms. _____ hereby solemnly declare that the information provided by me for the appointment as Project Coordinator 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 administrative 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.*
- Only short-listed candidates will be called for interview.*