



**FEDERAL MEDICAL & DENTAL COLLEGE**  
**SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY**



**APPLICATION FORM**

1.	<b>BPS</b>					<b>2 Photograph</b> (Passport Size)								
2.	<b>Name of Post</b>													
3.	<b>Name of Candidate</b>													
4.	<b>Father's Name</b>													
5.	<b>Date of Birth</b>													
6.	<b>Nationality</b>													
7.	<b>Domicile</b> (Please ✓ any one)	Punjab <input type="checkbox"/>	Sindh (R) <input type="checkbox"/>	Sindh (U) <input type="checkbox"/>	Khyber Pakhtunkhwa <input type="checkbox"/>									
		Balochistan <input type="checkbox"/>	Gilgit Baltistan <input type="checkbox"/>	FATA/ NA <input type="checkbox"/>	Islamabad <input type="checkbox"/>									
8.	<b>Email Address</b>													
9.	<b>Postal Address</b>													
10.	<b>Permanent Address</b>													
11.	<b>Telephone Number</b>													
12.	<b>CNIC No.</b>				-									-

**ACADEMIC RECORD / QUALIFICATION**

Examination Passed	Year of Passing	Div. / Class	Marks at the Examination		Name of Board / University
			Maximum Marks	Marks Obtained	



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**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**