



**QAZI HUSSAIN AHMAD MEDICAL COMPLEX
MEDICAL TEACHING INSTITUTION (MTI) NOWSHERA
KHYBER PAKHTUNKHWA**

APPLICATION FORM

**Attach
2 x Passport
Size
Photographs**

Post Applied For _____ **Serial No.** _____

Instructions: This application form, duly completed, should be submitted to the office of the Manager Human Resource MTI Nowshera on or before the due date along with: -

- i. Attested photocopies of all requisite documents along with CNIC and Passport size Picture.
- ii. Applicants already in employment should submit their application forms through a proper channel along-with NOC issued by the competent authority.
- iii. Incomplete application forms/ those received after the due date will not be entertained. Use additional sheets, if required.
- iv. Deposit slip No & Date: _____ Bank Name/ Branch: _____

Please tick either Yes or No

- i. Do you have prescribed qualifications and experience for the post: Yes / No.
- ii. Do you have requisite years of experience for the post: Yes / No.
- iii. Do you have the required skill set for the post: Yes / No.
- iv. Are you ready to practice in IBP and clearly understand that private practice outside hospital in any form is illegal/not allowed (for Dean/MD posts) and both are not permissible for HD/Others posts: Yes / No.

1. Name (in BLOCK letters): _____

2. Father's Name _____ Date of Birth

3. Address and other particulars:

i. For correspondence (interview call) ...

ii. Permanent Home Address

iii. Mobile iii. Phone No.

iv. E-Mail Address vi. Gender. Marital Status

vii. Domicile viii. Nationality

4. Education: Commencing from the Matriculation or Equivalent Examination.

Sr. No	Certificate/ Degree/ Passing Year	Main Subjects	Name of Board/ University	Obtained/ Total Marks/ Division/ CGPA	Recognized by relevant body. (Yes/ No)
1.					
2.					
3.					
4.					
5.					

5. Formal Training or Education:

Sr. No	Name of Institution	Type/Subjects of Training	Period		Certificate or Diploma obtained
			From	To	
1.					
2.					
3.					
4.					
5.					



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6. **Research Papers:** Attach list of Research Papers as per specimen and attested

7. **Photocopy** of title of journal with research paper.

Sr. No	Title of Research Paper	Name of Journal	Date of Publication	Principal or co- author

8. **Experience (Starting from Recent/ Current Job):**

Sr. No	Name of Institute / Organization / Designation	Verifiable Objectives / Achievements	Salary	Period	Total			Nature of Jobs (Regular/ Contract)
				From-To	YY	MM	DD	

8. Attach List of Miscellaneous Teaching or Administrative Experience, if any.

9. Membership of Learned Societies and other Achievements in the University, Public or International Affairs, if any.

10. **International accredited technical/professional training (>2weeks):**

Sr. No	University/Institute/ Country	Duration (from/To)	Training Subject/s



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11. List of attested documents attached

S.NO	Documents	Yes / No
i.	CV/Bio-data	
ii.	Domicile Certificate & C.N.I.C	
iii.	Educational documents (Matric, intermediate, other related (please mention).)	
iv.	Professional degrees (MBBS or Equivalent, FCPS Degree or Equivalent)	
v.	DMC/ Academics Certificates (MBBS, FCPS, etc)	
vi.	Experience Certificates & Professional Achievements	
vii.	Research papers	
viii.	NOC Govt/semi Govt	
ix.	International accredited training (> 2 weeks) attended	
x.	Others	

12. Two References (professional/academic):

Name: _____
Designation: _____
Relationship: _____
No. of Years of acquaintance: _____
Contact No _____
Email Address _____

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Designation: _____
Relationship: _____
No. of Years of acquaintance: _____
Contact No _____
Email Address _____

13. Disability if any: Yes/ No

If yes, please specify: _____

14. Do you have any criminal records? Yes/ No

If yes, please specify: _____

15. Applicants' Declaration:

I hereby solemnly declare and affirm on oath that all the entries made in this application form and documents attached herewith are genuine, true and correct to the best of my knowledge and belief and that nothing has been concealed.

Name & Signature of the Candidate

Dated: ____/____/ 2025

FOR OFFICIAL USE ONLY

Dealing Assistant

Eligible

Not Eligible

Date: _____

Reason: _____

If not eligible

Scrutiny Committee _____

Written Test (if applicable) _____

Selection Committee

Interviewed

Yes

No

Selected

Rejected

Date: _____

Manager HR Sign: _____