



SHEIKH ZAYED HOSPITAL, RAHIM YAR KHAN

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Application Form No. _____, dated: _____

(office Use only)

Application for the post of _____ Sr. No. _____

Affix Attested
P.P Size
Photograph

Quota Applied for: Open Merit Minority Disable Women

PERSONAL INFORMATION

1. Name					2. Father's Name				
3. CNIC No.					-				
4. Date of Birth	DD	MM	YY	5. Age on Closing Date			Year	Month	Day
6. Marital Status	Married <input type="checkbox"/> Unmarried <input type="checkbox"/>			7. District of Domicile					
8. Request for Age Relaxation (upper age limit only)	Yes <input type="checkbox"/> No <input type="checkbox"/>			9. If yes mention period			Year	Month	Day
10. Departmental Permission	Yes <input type="checkbox"/> No <input type="checkbox"/>			11. Telephone No(s)					
12. Mobile Phone No(s)				13. Email Address					
14. Disability Yes <input type="checkbox"/> No <input type="checkbox"/> (If any)	15. If Yes, Nature of Disability _____ (Attach Certificate)								
16. Postal Address									
17. Permanent Address									

18. EDUCATIONAL QUALIFICATION

Degree	Institution/ Board/University	Year of Passing	Marks / CGPA		Grade/ Division	Major Subjects
			Obtained	Out of		
Matric or Equivalent						
FA/HSSC or Equivalent						
Graduation or Equivalent						
Master or Equivalent						
M.Phil/MS or Equivalent						
Ph.D						
Other if any						

19. PREVIOUS OCCUPATION/ EMPLOYMENT

Organization/ Department	Designation	Place of Posting	Tenure		Total Experience YY-MM-DD
			From DD-MM-YY	To DD-MM-YY	

CERTIFICATE: It is certified that the information given by me in this Employment Application Form is true and correct.

Date: _____ Candidate's Signature: _____

Note: i) All candidates are directed to submit original educational certificates & domicile with one set of attested photocopies at the time of interview. **ii)** No. candidate shall be interviewed, if found short or bogus of above mentioned certificates. **iii)** The candidate, who wants to apply for more than one post, must apply separately for each post.