



**PERFORMA TO APPLY FOR THE POSTS AT SHEIKH ZAYED
MEDICAL COLLEGE/HOSPITAL, RAHIM YAR KHAN.**

Affix Attested
passport size
photographs

Name of Post: _____ POST Sr. No. _____ SZMC SZH

Candidate Name :

Father Name:

CNIC No.

Mobile No.

Date of Birth:

Age on Closing date: YYYY___/MM___/DD___

Disability

Yes No

Marital Status : Married Unmarried

Domicile District:

Postal Address:

District: _____

Qualification	Board/ Institute	Passing Year	Obtain Marks	Total Marks	Percentage (%)
Primary/Middle					
Matric					
F.Sc / Intermediate					
Other (if any)					
Diploma					

PROFESSIONAL EXPERIENCE

Organization/Deptt:	Designation	Place of posting	Tenure		Total Experience (YYYY-MM-DD)
			From	To	

Signature of Candidate: _____

Dated: _____