

## APPLICATION FORM FOR HOUSE JOB

1. Please complete relevant sections and attach any additional information if necessary or you wish to provide
2. Your application and personal information will be kept confidential

### Section: I (Personal Information)

Name: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Gender:  Male  Female      Marital Status:  Single  Married

Date of Birth: 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | - | M | M | - | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 Place of Birth: \_\_\_\_\_

CNIC #: 

|  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|
|  |  |  |  |  |  | - |  |  |  |  |  | - |  |  |
|--|--|--|--|--|--|---|--|--|--|--|--|---|--|--|

 CNIC Validity: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

### In case of emergency person to be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Section: II (Registration)

PMDC Registration No: \_\_\_\_\_ Date: \_\_\_\_\_ Valid Up To: \_\_\_\_\_

### Section: III (Academic Record)

MBBS Passing Year: \_\_\_\_\_ Session: \_\_\_\_\_  Annual  Supplementary

| Professionals        | Attempt | Roll No. | Aggregate Marks | Total Marks | Percentage | College / University |
|----------------------|---------|----------|-----------------|-------------|------------|----------------------|
| 1 <sup>st</sup> Prof | _____   | _____    | _____           | _____       | _____      |                      |
| 2 <sup>nd</sup> Prof |         |          |                 |             |            |                      |
| 3 <sup>rd</sup> Prof |         |          |                 |             |            |                      |
| Final Prof           |         |          |                 |             |            |                      |

**Section: IV (Employment Record)**

Please give detail of Internship / House Job (if any) in chronological order, starting with most recent:

| Sr. # | Specialty | Position Held | Duration |    | Organization / Hospital |
|-------|-----------|---------------|----------|----|-------------------------|
|       |           |               | From     | To |                         |
| 1.    |           |               |          |    |                         |
| 2.    |           |               |          |    |                         |
| 3.    |           |               |          |    |                         |
| 4.    |           |               |          |    |                         |

**Section: V (Hostel Accommodation)**

Hostel Facility required? Yes  No

**Section: VI (References)**

Is any employee of SIHS known to you? Yes  No   
(If yes please specify):

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Relationship with you: \_\_\_\_\_

**Other References:**

| Name | Business / Occupation | Contact |        | Mailing Address |
|------|-----------------------|---------|--------|-----------------|
|      |                       | Office  | Mobile |                 |
|      |                       |         |        |                 |
|      |                       |         |        |                 |

**Section: VII (Declaration / Undertaking)**

I, hereby declare that the statements made by me in this form are true and correct to the best of my knowledge. I understand that I will be held liable for wrong disclosure of information or document requested by or submitted to the Organization. I also undertake that I will abide by the rules & regulations of the Shalamar Institute of Health Sciences.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Check list for attachments:-**

- i. Latest CV
- ii. Copy of CNIC
- iii. Four recent passport size photographs
- iv. Copy of Provisional PMDC & Attempt Certificate
- v. Copies of Educational documents
- vi. Copy of Domicile Certificate, if required.