

Application Form for the post (BPS-17 & above)

Serial No. _____

To

The Medical Director,
The Children's Hospital &
The Institute of Child Health,
Lahore.

Paste the
Passport Size
Photo

Subject:- **APPLICATION FOR THE POST OF** _____

NAME:- _____ **FATHER'S/HUSBAND'S NAME:-** _____

MARRIAGE STATUS:- MARRIED _____ UN MARRIED _____

DATE OF BIRTH:- _____ **DOMICILE:-** _____

SEX:- MALE/FEMALE/SHEMALE _____ **CNIC NO:-** _____

POSTAL ADDRESS (Temporary):- _____

POSTAL ADDRESS (Permanent):- _____

PHONE NO. (i) _____ **(ii)** _____

EDUCATIONAL QUALIFICATIONS:-

| Sr. No. | | Year of Passing | Marks Obtained | Total Marks | Div/Grade | Name of Institution |
|---------|---------------|-----------------|----------------|-------------|-----------|---------------------|
| 1. | Matriculation | | | | | |
| 2. | Intermediate | | | | | |
| 3. | Graduation | | | | | |
| 4. | Master | | | | | |
| 5. | M.Phil/P.hd | | | | | |
| 6. | Others | | | | | |

EXPERIENCE:-

| Sr. No. | Name of Department | Total Duration | From | To |
|---------|--------------------|----------------|------|----|
| 1. | | | | |
| 2. | | | | |

Attach:-

Attested Photocopy of following:-

1. CNIC.
2. Domicile Certificate.
3. Education Certificates.
4. Experience Certificates.
5. One Passport Size Photographs.
6. Other relevant documents.

Signature of Applicant