

Application Form for the post from BS-1 to BS-15

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** _____ **ON GENERAL MERIT/**

QUOTA MARIT _____

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.	Primary					
2.	Middle					
1.	Matriculation					
2.	Intermediate					
3.	B.A.					

EXPERIENCE:-

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

Attach:-

Attested Photocopy of following:-

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

Signature of Applicant