

**Application Form for Employment in BPS-05 and Above**

**Post Applied For** \_\_\_\_\_

Read the following instructions carefully before filling the form.

1. ***This application form, duly completed should be submitted to the Principal, KMU Institute of Medical Sciences, Kohat on or before the due date along-with the following documents:***
  - i. *Attested photocopies of certificates, degrees, detailed marks certificates/transcripts, domicile, CNIC, experience certificates and other relevant testimonials.*
  - ii. *Bank receipt of the required application processing fee to be attached in original with the application form.*
  - iii. *The application processing fee: the candidates applying for the advertised positions are required to deposit a non-refundable application processing as per the following details:*
    - **For Serial No. 1** **Rs.500/-**
    - **For Serial No. 2 to 4** **Rs.300/-**
  - iv. ***The application processing fee shall be paid in cash at the account section.***
2. ***Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.***
3. ***Incomplete application forms and those received after the due date will not be entertained.***
4. ***Use additional sheets, if required.***
5. ***Fill all the columns. Write N/A if not applicable.***

1. **NAME:** (in block letters) Mr. /Miss. /Mrs. \_\_\_\_\_
2. **FATHER'S NAME:** \_\_\_\_\_
3. **ADDRESS AND OTHER PARTICULARS:**
  - (i) For correspondence (interview Call) \_\_\_\_\_  
 \_\_\_\_\_  
 Mobile..... Ph. No. ....
  - (ii) E-Mail Address: .....
  - (iii) CNIC No: .....
  - (iv) Gender: .....
  - (v) Province of Domicile: .....
  - (vi) Nationality: .....
  - (vii) Marital Status: .....
  - (viii) Date of Birth: (Day)..... (Month) ..... (Year) .....
  - (ix) Age on closing date: (Days) ..... (Months) ..... (Years) .....
  - (x) Amount deposited Rs:..... Bank..... Receipt/Draft No..... Dated .....

**4. EDUCATION: Commencing from the Matriculation or Equivalent Examination.**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.	BA/BSc (Two years)				
4.	MA/MSc/LLB/BS				

**5. HIGHER QUALIFICATION:**

S#	Degree	Name of University	Subject with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.	M.Phil/MS				
2.	PhD				

**6. ADDITIONAL RELEVANT QUALIFICATION:**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.					
2.					

**7. FORMAL TRAINING OR EDUCATION:**

S#	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From - To	

**8. RESEARCH PROJECTS:** Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

S.#	Nature of Research	Name of Institution	Name of Professor

**9. EMPLOYMENT RECORD:**

S#	Name of Institute / Organization	Period		Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent/ Temporary)	Status of Organization (Govt./Semi Govt./ Autonomous)
		From	To					

**10. Attach list of Miscellaneous Teaching or Administrative Experience, if any.**

**11. Membership of Professional Organizations / Societies and other achievements in the University, Public or International Affairs, if any.**

**12. COUNTRIES VISITED:**

S#	Name of Country	Duration	Purpose of Visit

**13. References:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**14. State any other relevant facts. (Attach additional sheet, if required).**

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**15. Checklist of required documents attached.***(Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)*

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. (Write page number on the top right corner of the attached documents)
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC/Transcript (final year)	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
11.	M.Phil/MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil/MS DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Relevant experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
16.		<input type="checkbox"/>	<input type="checkbox"/>	
17.		<input type="checkbox"/>	<input type="checkbox"/>	
18.		<input type="checkbox"/>	<input type="checkbox"/>	

*\* Attach additional sheet (if required).*

I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it are true to the best of my knowledge and belief.

Signature of the Candidate

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_