APPLICATION FORM FOR HOUSE JOB

DENTAL SECTION, ALLIED HOSPITAL FAISALABAD

ANNUAL SESSION	01.06.2020	TO	30.11.2021

Photo

Name:- _____
(In Capital Letters)

Father's Name:- _____

Gender:- Male: ☐ **Female:** ☐ **Date of Birth:-** _____

CNIC #

					-								-	

Present Address: _____

_____

Cell #:-_____ **Home Contact #**:- _____

B.D.S: _____ Passing Year _____

Obtained Marks: _____ **Percentage:** Annual _____

Institution Name/Country: _____

PMDC Registration certificate No. & validity period:-_____

Total Pervious House Job: _____

I certify that all the above information according to my knowledge is correct.

Signature of Candidate

Attested copies of following documents should be attached with printed application forms, otherwise application will not be entertained.

1	Matric Certificate	6	PM&DC Registration Certificate (valid)
2	F.Sc Certificate	7	One Fresh Photograph
3	Attempt Certificate	8	National Identity Card
4	Provisional Certificate	9	Domicile
5	Five Years Detail Mark Sheets	10	Affidavit declaring that candidate will abide by the Hospital rules & regulations.

For Office use only

JOB SELECTED FOR

Signatures of Committee Members

1. _____
2. _____
3. _____
4. _____

Medical Superintendent