

NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES

RAFIQUI (H.J.) SHAHEED ROAD, KARACHI – PAKISTAN

APPLICATION FORM FOR POST OF STAFF NURSE AND NURSE-AID

Name _____

Father's Name _____

Age _____ Permanent Address _____

Present Address _____

Nationality _____ NIC No. _____

Place of Domicile _____ Religion _____

Date of Birth _____ Marital Status _____

No. of Children _____ Height _____ Weight _____

Identification Mark _____ Physical Handicaps (if any) _____

Person to be notified in case of emergency _____

Person's Address _____

Telephone No. (if any) _____

EMPLOYMENT INFORMATION:

Position applied for _____

Are you presently employed (Yes/No) _____

Contact of present employer _____

Are any of your relatives employed in NICVD (Yes/No) _____ Name _____

ACADEMIC RECORD:

Name of School/College	From	To	Certificates/Degree
Primary:			
Secondary:			
College:			
Graduate:			
Post Graduate:			
Others:			

List of Languages you speak _____ Read _____ Write _____

Other Courses Attended _____ Principle field of study _____

Principle Interest _____

Other Information and remarks _____

Your Hobbies _____

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EXPERIENCE RECORD:

Name of Organization	Address Job Held	From	To	Salary	Reason for Leaving

Any past experience not included above _____

LIST OF TWO REFEREES NOT RELATED TO YOU:

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

PLEASE NOTE:

1. Given information will be treated confidentially.
2. Wrong information will lead to disqualification.
3. Employment will be subject to medical examination.
4. Necessary Documents must be attached.

Date _____ Signature of Applicant _____

FOR OFFICE USE ONLY:

1. Interviewed _____
2. Impression _____
3. Medical _____
4. Grade _____
5. Approved _____
6. Dept. _____
7. Starting _____