

NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES

RAFIQUI (H.J.) SHAHEED ROAD, KARACHI

APPLICATION FORM FOR POSTGRADUATION TRAINING OF DOCTORS

NAME: _____ SEX _____ RELIGION _____

FATHER'S NAME: _____

TELEPHONE NO. _____ MARITAL STATUS: _____

PERMANENT ADDRESS: _____

PRESENT ADDRESS: _____

NATIONAL IDENTITY CARD NO. _____ DOMICILE: _____

DATE OF BIRTH: _____

PERSON TO BE NOTIFIED IN EMERGENCY _____

ADDRESS: _____

TELEPHONE IF ANY: _____

EMPLOYMENT INFORMATION:

POSITION APPLIED FOR _____

PRESENTLY EMPLOYED _____ CONTACT ADDRESS OF PRESENT EMPLOYER _____

(ATTACH COPY OF RESIGNATION IF PREVIOUSLY EMPLOYED.)

EDUCATION RECORD:

NAME OF SCHOOL / COLLEGE / UNIVERSITY	YEAR
---------------------------------------	------

MATRIC: _____

INTER: _____

GRADUATION (MBBS): _____

NO. OF ATTEMPTS IN:

FIRST PROFESSIONAL: _____ SECOND PROFESSIONAL: _____

THIRD PROFESSIONAL: _____ FOURTH PROFESSIONAL: _____

POSTGRADUATION: _____

OTHER COURSES ATTENDED / SPECIALSKILLS : _____

PRINCIPLE FILED OF STUDY: _____

COMPUTER LIT ERACY (LIST COMPUTER SOFTWARE, WITH WHICH YOU ARE FAMILIAR): _____

OTHER INFORMATION & REMARKS: _____

EXPERIENCE RECORD (INCLUDING HOUSE JOB) :

JOB HELD	FROM TO	INSTITUTION
----------	---------	-------------

01. _____

02. _____

03. _____

04. _____

05. _____

NATIONAL INSTITUTE OF CARDIOVASCULAR DISEASES

RAFIQUI (H.J.) SHAHEED ROAD, KARACHI

APPLICATION FORM FOR POSTGRADUATION TRAINING OF DOCTORS

06. _____

07. _____

LIST OF TWO REFERENCES NOT RELATED TO YOU:

NAME: _____ OCCUPATION: _____

ADDRESS: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____

PLEASE NOTE ATTACH ATTESTED COPIES OF :

- a. TWO PASSPORT SIZE PHOTOGRAPHS
- b. N.I.C.
- c. PMDC CERTIFICATE
- d. DEGREE
- e. HOUSE JOB CERTIFICATES
- f. ALL PROFESSIONAL MARK SHEETS
- g. TESTIMONIALS
- h. DOMICILES
- i. MATRIC AND INTER CERTIFICATES

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

INTERVIEWED: _____

IMPRESSION: _____

MEDICAL: _____

APPROVED: _____

JOB STARTING: _____