



Fill up cleanly in Block Letters

Post Applied for: _____

General Application Form (For Paramedic & Other Staff)

Name: _____ Age: _____
Father's Name: _____ Marital Status: _____
Date & Place of Birth: _____ Husband Name: _____
Nationality: _____ Contact Phone No: _____
Permanent Address: _____
Present Address: _____

Details of Dependents: (Name, Age & Relation)

1 _____
2 _____

Languages you can conversant/Communicate:

1. Urdu (Yes/No) 2. Pushto (Yes/No) 3. English (Yes/No)

Qualification (Professional):

Title	Institution	Date of Graduation
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Working Experience:

Title of job Institution	Date	Duration
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

If selected how long you intend to stay in this hospital: _____

Indicate 2 references who if asked can give details about you:

Name	Address	Phone No
1 _____	_____	_____
2 _____	_____	_____

Signature: _____ Date: _____

Note: Please attach the following which ever applicable

1. Recent Photograph
2. Diploma/Graduation/Post Graduation Certificates
3. Experience Certificate
4. NIC
5. Domicile Certificate

