



APPLICATION FORM FOR POST-GRADUATE TRAINEES



Name of the Specialty Applied			Photograph
Choice/Priority of Training Institute (Please write number 1,2,3,4,5 against each institution as per order of your priority)	Name of Institute	Priority	
	1. AIMS Muzaffarabad		
	2. SKBZ/CMH Muzaffarabad		
	3. SKBZ/CMH Rawalakot		
	4. Div. HQ Teaching Hospital Mirpur		
	5. Outside AJ&K		

S.#	Basic Profile					
1.	Name of Applicant					
2.	S/O,D/O,W/O					
3.	Age					
4.	Date of birth		Day	Month	Year	
5.	Sex		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
6.	CNIC #					
7.	District of domicile					
8.	Are you a refugee 1947/1989 settled in Pakistan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
9.	Complete Address					
10.	Contact info		Personal:		Home:	
11.	Email address					
Academic Qualification						
12.	Date of Graduation (MBBS/equivalent qualification)		Day	Month	Year	
13.	Name of Institute					
14.	Status of institute		Public Sector <input type="checkbox"/>	Private Sector <input type="checkbox"/>		
15.	If Public Sector did you graduate on self-finance		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
16.	Marks obtained in each Professional exam	Marks Obtained	Marks Obtained	Total Marks	No of attempts	%age
		1 st Prof				
		2 nd Prof				
		3 rd Prof				
		4 th Prof				
		Final Prof				
		Grand Total				
17.	Distinction in university exams (MBBS/equivalent qualification) Mention maximum 02 distinctions	Distinction	Subject		Year	
		1.				
		2.				

Employment History					
18.	Status of Employment	Government Employee <input type="checkbox"/> Not a Government employee <input type="checkbox"/>			
19.	Nature of employment	Permanent <input type="checkbox"/> Adhoc <input type="checkbox"/> Contractual <input type="checkbox"/> Others (please specify) <input type="checkbox"/> _____			
20.	Professional Experience : Start from recent most posting and then move back. Clearly mention name of institute Teaching institute/DHQ/THQ RHC/BHU/Others Note: Please attach Appointment letters/ experience certificates duly signed/verified by MS, Commandant or DHO.	Name of institute	Start date	End Date	Total Period
22.	Were you enrolled in any post-graduation program previously by department of Health AJK?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If Yes	Name of Specialty	Reasons of leaving the program		
Publications					
23.	Do you have any publication in HEC/PM&DC/PMC Recognized Journal? (Your name must be included in First 6 authors)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
24.	Detail of Publications (Maximum 5)	No. of Publications	Link of Article/Articles Published		
		1			
		2			
		3			
		4			
		5			

NOTE: Please provide attested copies of all relevant documents as per advertisement.

Signatures of candidate