



## APPLICATION FORM FOR POST-GRADUATE TRAINEES



<b>Choice/Priority of Specialty</b> (Please write name & number 1,2,3,4,5 against each specialty as per order of your priority)	<b>Name of Specialty Applied</b>	<b>Priority</b>	Photograph
	1. _____		
	2. _____		
	3. _____		
	4. _____		
	5. _____		

<b>Choice/Priority of Training Institute</b> (Please write number 1,2,3,4,5 against each institution as per order of your priority)	<b>Name of Institute</b>	<b>Priority</b>
	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	<b>Personal:</b>		<b>Home:</b>		
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	<b>Marks Obtained</b>	<b>Marks Obtained</b>	<b>Total Marks</b>	<b>No of attempts</b>	<b>%age</b>
		1 <sup>st</sup> Prof				
		2 <sup>nd</sup> Prof				
		3 <sup>rd</sup> Prof				
		4 <sup>th</sup> Prof				
		Final Prof				
		Grand Total				

17.	Distinction in university exams (MBBS/equivalent qualification) Mention maximum 02 distinctions	<b>Distinction</b>	<b>Subject</b>	<b>Year</b>	
		1.			
		2.			
<b>Employment History</b>					
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.	<b>Professional Experience :</b> Start from recent most posting and then move back. Clearly mention name of institute Teaching institute/DHQ/THQ RHC/BHU/Others <b>Note: Please attach Appointment letters/ experience certificates duly signed/verified by MS, Commandant or DHO.</b>	<b>Name of institute</b>	<b>Start date</b>	<b>End Date</b>	<b>Total Period</b>
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	<b>Name of Specialty</b>	<b>Reasons of leaving the program</b>		
<b>Publications</b>					
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 )	<b>No. of Publications</b>	<b>Link of Article/Articles Published</b>		
		1			
		2			
		3			
		4			
		5			

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

**Signatures of candidate**