



JOB APPLICATION FORM AJ&K HEALTH DEPARTMENT



Name of post applied for:	_____
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Photograph

S.#	Personal Profile:							
1.	Name of Applicant (Use Capital Letters)							
2.	S/O,D/O,W/O (Use Capital Letters)							
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 No: _____		Home: _____				
		WhatsApp No: _____						
11.	Email address							
12.	Academic Qualification:							
	Degree /Certificate	Name of Institute	Subject	Board/ University	Passing Year	Total Marks	Obtained Marks	%age/ CGPA
	Matric/ SSC etc. (10 years or equiv. qualification)							
	F.A/ F.Sc/ HSSC etc. (12 years or equiv. qualification)							
	BA/B.Sc. (14 years or equiv. qualification)							
	Masters/ MBBS/BS (16 years or equiv. qualification)							
	M.Phil./MS or equiv. qualification							
	Ph.D. or equiv. qualification							
	Any other (Please specify)							

13. Service Record / Work Experience:					
Organization	Job Responsibilities	Govt. / Semi Govt. / Private	From	To	Total Period

Note: Candidates can use a separate form for addition of more experiences/service record.

14. If already in service, have you applied through proper channel? Yes No

15. Do you fall into the category of a person with a disability? Yes No

Declaration: The information given above is correct to the best of my Knowledge & belief. In case of any concealment of information, I will be liable to be disqualified from the Test/Interview.

Signatures of candidate _____

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