



APPLICATION FORM FOR POST-GRADUATE TRAINEES



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

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 information	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			
25.	Affidavit (should be submitted)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
26.	Surety bond (1.5 Million)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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

Signature of candidate