



## APPLICATION FORM FOR POST-GRADUATE TRAINEES



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

<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
5.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
6.	CNIC #		
7.	District of domicile		
8.	Complete Address		
9.	Contact info	<b>Personal:</b>	<b>Home:</b>
10.	Email address		
11.	Date of Passing Part-1 Examination		

### 12. Academic Qualification

S.NO	Name of Degree	Date of Passing	Marks Obtained	Total Marks	Percentage %
1	Matric				
2	FSC				
3	MBBS				

### 12. House Job

Same Teaching Hospital <input type="checkbox"/>	Other Hospital <input type="checkbox"/>
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14	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				

15	Distinction in university exams (MBBS/equivalent qualification) Mention maximum 05 distinctions	<b>Distinction</b>	<b>Subject</b>	<b>Year</b>	
		1			
		2			
		3			
		4			
		5			
<b>Employment History</b>					
1.	Status of Employment	Government Employee <input type="checkbox"/>	Not a Government employee <input type="checkbox"/>		
2.	Nature of employment	Permanent <input type="checkbox"/>	Adhoc <input type="checkbox"/>	Contractual <input type="checkbox"/>	Others (please specify) <input type="checkbox"/>
3.	<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>		
23.	Affidavit (should be submitted)	Attested by notary public	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
24.	Surety bond	Rs. 1.5 (M)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

**Signatures of candidate**