



## APPLICATION FORM FOR POST-GRADUATE TRAINEES



<b>Choice/Priority of Specialty</b> (Please write name of each specialty as per order of your priority) ( Only Sub Specialties of the concerned specialty should be written )	<b>Name of Specialty Applied</b>	<b>Priority</b>	Photograph
	1. _____		
	2. _____		
	3. _____		
	4. _____		

<b>Choice/Priority of Training Institute</b> (Please write your priority of Institutions as per order of your priority 1 and 2 from the list of Institutions)	<b>Name of Institute</b>	<b>Priority</b>
	1. _____	
	2. _____	
	AIMS Mzd , SKBZ/CMH Mzd , SKBZ/CMH Rawalakot , Div. HQ Teaching Hospital Mirpur , Outside AJ&K	

S.#	Basic Profile					
1.	Name of Applicant					
2.	S/O,D/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.		<b>Distinction</b>	<b>Subject</b>		<b>Year</b>	

	Distinction in university exams (MBBS/equivalent qualification) Mention maximum 02 distinctions	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.	NOC Obtained in case of permanent Government Employee/ Contract /Adhoc	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
21.	<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.	<b>Current Status regarding PG Training in AJK Health Department if paid If Paid</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Publications</b>					
24.	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"/>		
25.	Detail of Publications (Maximum 5 )	<b>No. of Publications</b>	<b>Link of Article/Articles Published</b>		
		1			
		2			
		3			
		4			
		5			
26.	Affidavit ( should be submitted)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
27.	Surety bond (as given in term & conditions of advertisement )	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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

**Signatures of candidate**