

## SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

## APPLICATION FORM FOR THE POST OF OFFICE ASSISTANT PPS (05) & OFFICE ATTENDANT (PPS-01)

1.	Name of Post									
2.	Name of Candidate									
3.	Father's Name							otogra sport S		
4.	Date of Birth									
5.	Gender									
6.	Nationality									
7.	Email Address									
8.	Postal Address									
9.	Permanent Address									
10.	Telephone									
11.	CNIC No.			-					-	

## 12. ACADEMIC RECORD / QUALIFICATION

Francisco di car De con d	Year of	P: /C I		Examination	N 6D 1/11 1			
Examination Passed	Passing	Div./ Grade	Obtain Marks	Total Marks	Name of Board / University			



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## 13. EXPERIENCE

Name of Organization	Designation	Nature of Duty	From	То		
14. LIST OF DOCUMENTS TO BE ATTACHED						

- Copies of educational qualifications
- b. Experience certificates from the employers
- c. CNIC

- d. DOMICILE
- e. Two photographs in blue background.

I Mr. /Ms	hereby solemnly declare that the information provided by
me for the appointment as Office Attendant (PPS-01)	is correct and true in all respects. If it is found fake or having
incorrect information, at any point of time, I shall be li	able for the administrative proceeding under the relevant law
and my appointment shall stand terminated.	
<u> </u>	
Date	Signature of the Candidate

### Note

- Incomplete application or any application submitted after due date shall stand rejected. Any sort of influence will also be accountable to non-consideration for further processing.
- Only short-listed candidates will be called for interview.