



SHAHEED ZULFIQAR ALI BHUTTO **MEDICAL UNIVERSITY**

13. EXPERIENCE

| Name of Organization | Designation | Nature of Duty | From | To |
|----------------------|-------------|----------------|------|----|
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14. LIST OF DOCUMENTS TO BE ATTACHED

- Copies of educational qualifications
- Experience certificates from the employers
- CNIC
- DOMICILE
- 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 liable for the administrative proceeding under the relevant law and my appointment shall stand terminated.

/ /
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.*