

SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM

1.	Name of Post & BPS														
2.	Name of Candidate														
3.	Father's Name													graph rt Size)	
4.	Date of Birth												•		
5.	Nationality														
		Punjal	b	Sindh	-Rural		Si	ndh-Url	oan 🗆	Kł	ıyber	Pakhtu	nkhv	va 🗆]
6.	Domicile (Please √ any one)	Baluch	nistan	Gilgit	Baltista	ın 🗀	F	ата 🗆	AJK		Fede	ral 🗌	I	Merit	
7.	Email Address														
8.	Postal Address														
9.	Permanent Address														
10.	Telephone Number														
11.	PM&DC No.			_	_	_		_				_		_	
12.	CNIC No.					-								-	

13. ACADEMIC RECORD / QUALIFICATION

(Start with the highest degree)

Degree/ Certificate	Passing Year	Div./ Class	Name of Board / University

Academic distinction (Attached distinction letter)

14. EXPERIENCE IN DETAIL IN RELEVANT FIELD

Name of Institute/ Organization/	Position	From	To	Total Experience			
Hospital	Position	r rom	10	Years	Months	Days	
(Please attach separate list on the same for	amanat if ma ancima di						

(Please attach separate list on the same format, if required)

15. <u>LIST OF PUBLICATIONS IN JOURNALS HAVING IF (IMPACT FACTOR)</u>

Sr#	Name of Author	Complete Name of Journal and address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No	Year Published	Impact Factor
		ist on the same format, if requ				

(Please attach separate list on the same format, if required)

16. LIST OF DOCUMENTS TO BE ATTACHED ATTESTED

a)	Original Pay Order/ Bank Challan
b)	Answered all relevant fields.
c)	Enclosed an NOC from current employer (No Objection Certificate)
d)	Enclosed Experience certificate from employer.
e)	Attested copies of Experience Letters
f)	Enclosed attested copies of:
g)	Matriculation / O Level
h)	Intermediate / A Level
i)	MBBS/BDS Degree
j)	M.Sc/M.Phil /MCPS Degree
k)	MS/MD/MDS/FCPS or equivalent postgraduate qualification Degree
1)	Ph.D Degree
m)	House Job Certificate (One Year)
n)	Computerized National Identity Card (CNIC)
o)	Domicile certificate.
p)	Three photographs in blue background.

Date	Signature of the Candidate
information provided by me for the appointment u it is found fake or having incorrect information, criminal proceeding under the relevant law and my	at any point of time, I shall be liable for the
I Dr/ Mr. /Ms.	·
r) Copy of Publication (If any)	
q) Valid PM&DC Registration	

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.

PIMS, G-8/3, Islamabad, (44000) Pakistan

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