SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM

1.	**BPS**		
2.	**Name of Post**		**2 Photographs** (Passport Size)
3.	**Name of Candidate**		
4.	**Father's Name**		
5.	**Date of Birth**		
6.	**Gender**		**7. Quota**
8.	**Nationality**		**9. Religion**
10.	**Domicile (Please √ any one)**	Punjab ☐ Sindh -Rural ☐ Sindh Urban ☐ Khyber Pakhtunkhwa ☐	
		Baluchistan ☐ Gilgit Baltistan ☐ FATA ☐ AJK ☐ Islamabad ☐	
11.	**Email Address**		
12.	**Postal Address**		
13.	**Permanent Address**		
14.	**Telephone Number**		
15.	**CNIC No.**	☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐	

16. ACADEMIC RECORD / QUALIFICATION

Examination Passed	Year of Passing	Div./ Grade	Marks at the Examination		Name of Board / University
			Obtain Marks	**Total Marks**	

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17. EXPERIENCE IN DETAIL IN RELEVANT FIELD

Name of Organization	Designation	From	To	Total Experience		
				Years	Months	Days

18. LIST OF DOCUMENTS TO BE ATTACHED

- ☐ 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) Enclosed attested copies of:
- ☐ f) Matriculation / O Level
- ☐ g) Intermediate / A Level
- ☐ h) Diploma
- ☐ i) CNIC
- ☐ j) Domicile certificate.
- ☐ k) Two photographs in blue background.

I Mr. /Ms. _____ hereby solemnly declare that the information provided by me for the appointment under BPS 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 criminal 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.