

UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870

Please affix 4 Photographs

APPLICATION FORM FOR JOB/ADMISSION IN UHS

| | Post/Subject Applied for: | | | | | | Session : | | | | | | _(if Applicable) | | | | | attested from backside. (4x4) | | | | | | | | | | | |
|-----------|---------------------------|----------------------------|------|------|-------|-------|----------------|------------|-------|-----|----------|----|------------------|-----|-------|----|---|-------------------------------|--------|-----------|-------|---|-------|---|--|---------|----|--|--|
| | Advertisement Reference: | | | | | | Dated: | | | | | | | - | | | | | | ouc | ACSIC | | 124 1 | , | | | | | |
| <u>Ap</u> | plicant | t's | Pe | rsc | ona | al I | nf | <u>orı</u> | ma | tio | <u>n</u> | | | | | | | | | | | | | | | | | | |
| | Full | l Na | me | (Fir | st, N | ⁄Iidd | lle, I | Last | :) | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fatl | her' | s Na | am | e (F | irst, | Mic | ddle | , Las | st) | -1 | | 1 | | 1 | 1 | 1 | ı | I | | | 1 | | | | | .1 | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dat | Date of Birth (DD/MM/YYYY) | | | | | 1 | Age | | | | | | | Gende | | | ende | er | | | | | | | | | | |
| 3. | | | | | | | | | | | | 4. | | | | | | | | 5. | | | | | | | | | |
| | Add | lres | S | ı | | | | | | | | | | | | | | | • | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Contact no. | | | | | 1 | E-mail Address | | | | | | l I | Dor | | | | | nicile | | | | | | | | | | |
| 7. | | | | | | | | | 8. | | | | | | | | | | | | 9. | | | | | T | I | | |
| | Mai | Marital Status | | | | | | | | | | | | CN | ЛС | Nο | | | | | | 1 | 1 | | | <u></u> | | | |

Educational Information

Married

Single

| Degree | Subject | Institute/Board/ University | Passing Year | Obtained Marks/Total | No. of Attempts | Grade/Division with Percentage |
|------------------------------|---------|--------------------------------|-----------------|-------------------------|--------------------|--------------------------------|
| Matric/O-Levels | | | | | | |
| Intermediate/A- Levels | | | | | | |
| Bachelors | | | | | | |
| MBBS/BDS | | | | | | |
| Masters | | | | | | |
| Medical Graduation | | | | | | |
| M.Phil | | | | | | |
| Ph.D. | | | | | | |
| FCPS | | | | | | |
| Any Other | | | | | | , |
| Computer Training/Diploma | | | | | | |

| Medals/Di | istinctions/Achievements/ (If any, please specify) |
|-------------|---|
| | |
| Research | Papers/Publications with Impact Factor (Applicable for Academic Post) |
| | |
| Research | Interest |
| | nce (Precise answer with tenure and grade) |
| Office/Stat | ff Experience |
| Instruction | al/Teaching Experience |
| Experience | e relevant to applied job (if any) |
| | |

| If Currently in service | (Public/Private) | |
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I hereby affirm that all the information provided by me in this form is true to the best of my knowledge and belief, and no material has been concealed or withheld herein.

Applicant's Signature

NOTE:
* Attested copies of testimonials, experience certificates, NOC be attached with job application form. Forms containing false or incomplete information will not be accepted/entertained.