

UNIVERSITY OF HEALTH SCIENCES LAHORE

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APPLICATION FORM FOR JOB IN UHS

Post/Subject Applied for:	Session :	(if Applicable)
Advertisement Reference:	Dated:	

Please affix 4 Photographs attested from backside. (4x4)

Full Name (First, M	Middle, Last)					
Father's Name (F	First, Middle, Last)					
Date of Birth (DD	D/MM/YYYY)	Age		G	ender	
		4.		5.		
Address						
Contact no.		E-mail Address			Domicile	
	8.			9.		
Marital Status			CNIC No.			
Single	Married	11.				

Educational Information

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/Distinctions/Achievements/ (If any, please specify)			
Research Papers/Publications with Impact Factor (Applicable for Academic Post)			
Research Interest			
Experience (Precise answer with tenure and grad	de)		
Administrative Experience			
Office/Staff Experience			
Instructional/Teaching Experience			
Experience relevant to applied job (if any)			

	If Currently in service (Public/Private)
	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.
	Applicant's Signature
-	n:- iffirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no has been concealed or withheld herein. Incomplete form in any way will be rejected.
	Check List:-
	I have filled all the relevant columns. Enclosed attested / certified copies of academic transcripts (including certified translation if applicable) Matriculation Certificate Intermediate Certificate
_	MBBS/BDS/B.Sc Certificate (Attach copy of Detailed Marks Certificate of each year) Masters / M.Phil Certificate Copies of the Publications attached (Number of Copies _) Experience Certificates Orignal Bank Slip
H	Doctors / Medical Graduate applying on BPS must submit their valid PM&DC Experience Certificate Enclosed attested copy of the National Identity Card & Domicile Certificate. Enclosed three attested copies of recent photographs.
	Applicant Signature: