

To

The Medical Director,
The Children's Hospital &
The Institute of Child Health,
Faisalabad.

Paste the
Passport Size
Photo

Subject:- APPLICATION FOR THE POST OF _____

FILL IN BLOCK LETTERS

NAME _____

FATHER'S NAME _____

DATE OF BIRTH _____ DOMICILE _____

I.D. CARD NO _____ PHONE _____

POSTAL ADDRESS (Temporary) _____

POSTAL ADDRESS (Permanent) _____

QUALIFICATIONS:-

Sr. No.		Year of Passing	Marks Obtained	Total Marks	Div/Grade	Name of Institution
1.	Primary					
2.	Middle					
3.	Matriculation					
4.	Intermediate					
5.	B.A.					
6.	M.A.					
7.	Others					

PROFESSIONAL QUALIFICATIONS:-

Sr. No.	Diploma/Certificate	Total Marks	Marks Obtained	Div/Grade	Year of Passing	Name of Institute
1.						
2.						
3.						

EXPERIENCE:-

Sr. No.	Name of Department	From	To
1.			
2.			
3.			

Attached attested Photocopy of following:-

1. I.D. Card.
2. Domicile Certificate.
3. Education Certificates.
4. Experience Certificates.
5. One Passport Size Photographs.
6. Disability certificate.
7. Other relevant documents.

Signature of Applicant