

**KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION APPLICATION FORM**



**Post applied for**

**Advertisement No.**

**Serial No. of Post**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name in block letters  2. Father’s Name in block letters |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 3. (a) Postal Address  (b) Permanent  (c) No. of National Identity Card  (d) Telephone No. preferred for communication |  | | | | | | | | | | | | | | | |
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| Residence Mobile | | | | | | | | | | | | | | | |
| 4. Religion |  | | | | | | | | | | | | | | | |
| 5. (a) Date of birth as per Secondary  School Certificate  (b) Age on reckoning date |  | | | | | | | | | | | | | | | |
|  | | | | Year Month Days | | | | | | | | | | | |
|  | | | |
| 6. Place of birth, District |  | | | | | | | | | | | | | | | |

KPHCC EMPLOYMENT APPLICATION FORM VERSION-1

**Note: All pages of this application and attachments must be signed by the applicant.**

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| --- | --- | --- | --- | --- | --- |
| 7. **Experience**  Record your Government, Semi-Government or private service. List post most recently held first. | | | | | |
| **Name of Employer** | **Post/Designation** | **Regular/ Contract** | **Period From - To** | **Grade** | **Reason for leaving** |
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| --- | --- | --- | --- | --- | --- | --- |
| 8. **Qualification**  Academic Qualification Starting with Matriculation Examination | | | | | | |
| **Certificate/ Diploma/ Degree**  **/ Postgraduate Degree** | **Name of**  **Institution** | **Board/ University** | **Year of Passing as whole or in parts** | **Marks obtained and total Marks** | **Division/Grades Distinction if 1st, 2nd or 3rd in Board/University** | **Subject** |
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**Note: In case of your claim to an equivalent of the prescribed qualification, state if it is recognized by the University Grants Commission. Add (a) Copy**

**of Detailed Marks Certificate.**

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**9. Check List**

Attach the attested photo copies of the following documents with the application. Write page number on

every document that you attach and record these in the ‘column’ page number.

Name of document Page No.

(a) Secondary School Certificate

(b) Intermediate

(c) Degrees & Detail Marks Certificate

|  |  |
| --- | --- |
|  | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| (d) | Experience Certificates |
|  | 1. |
|  | 2. |
|  | 3. |
|  | 4. |
|  | 5. |
| (e) | Additional Experience Sheet |
| (f) | Higher Qualification |
| (g) | Short Courses |
|  | 1. |
|  | 2. |
|  | 3. |
|  | 4. |
|  | 5. |

(h) Distinction Certificates from the Controller of Examinations of the concerned

Board/University, if any

(i) Domicile Certificate

(j) National Identity Card (photo copy)

(k) Three attested photographs

(l) Any other document that you have attached

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I certify that my answers are true and complete to the best of my knowledge and I will have no objection if my application is rejected with/for the reason of (1. Incomplete information, 2. Incomplete documents attached, 3. Illegible, fake, forged, misleading information or documents or any legal issue). If this application leads to employment, I understand that false or misleading information in my application or interview may result in

termination of employment.

Date:

Name:

Signature:

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