



KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION APPLICATION FORM

Space for recent
Passport size
Attested photograph

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	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	

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

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

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.

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.

<u>Name of document</u>	<u>Page No.</u>
(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	_____

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: _____