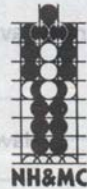


NATIONAL HOSPITAL & MEDICAL CENTER

132/3 L-Block Near Sports Stadium D.H.A. Lahore, Cantt. Fax: 5728761,
E-mail: nhmc2000@hotmail.com UAN: 111-17-18-19



No.: _____

APPLICATION FORM

CURRENT POST

Sr. No.: _____

P.F. No.: _____

- Note: ★ Please answer each question clearly and briefly.
★ This Application Form should be filled by the Applicant him/herself.
★ Attach a Passport Size Photograph & a Photo Stat Copy of your I.D. Card.

SECTION "A"

1. (a) Full Name _____
(In Block Letters)
 - (b) Any other name former name, Alias etc. _____
 - (c) Father's Name _____
 - (d) Date of birth _____ Age _____ Months _____
(According to Matriculation Certificate or identity Card)
 - (e) Identity Card No.: _____ Issued by District Registrar _____
 - (f) Place of birth _____ Religion _____ Caste _____
 - (g) Present Address
and Phone No. if any _____

 - (h) Permanent Home Address
And Phone No. if any _____

- Village _____
- Post Office _____ Police Station _____
- Tehsil _____ District _____

2. Have you ever been arrested or detained by Police Yes No

(Please ✓ the applicable)

3. Have you ever been sentenced for, prosecuted for, or charged with any crime Yes No

(Please ✓ the applicable)

4. Have you ever been discharged or forced to resign for misconduct in any other organization were you had worked: Yes No

(Please ✓ the applicable)

5. Have you ever been employed in this institution Yes No

(Please ✓ the applicable)

Date _____ Post _____

Reason for leaving _____

6. Name of any two persons in our Hospital who know you and their relationship to you. *

i. _____

ii. _____

7. Reference of any two known and responsible persons who are not related to the applicant who can testify by personal knowledge character antecedents of the applicant.

Name	Occupation	Address
------	------------	---------

1. _____

2. _____

8. (a) Do you want to stay in the Hospital Premises: Yes No

(Please ✓ the applicable)

(b) Do you want to be the member of Health Scheme: Yes No

(Please ✓ the applicable)

SECTION "B"

9. If married

(a) date of marriage _____

Name of wife/wives _____

Age of wife / wives _____

(b) Children (Names)	Sex	Date of Birth	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Father's Name, Occupation & Address _____

11. Well placed relatives name (s) - Relationship - Occupation _____
 (1) _____
 (2) _____
 (3) _____
 (4) _____

12. Dependents of the employee _____

SECTION "C" EDUCATION & EXPERIENCE ETC.:

13. Can read and write:- Urdu (Yes/No) _____ English (Yes/No) _____

14. Studied upto _____

15. Examination Passed _____
 (1) _____
 (2) _____
 (3) _____
 (4) _____

16. Games Played: (1) _____
 (2) _____
 (3) _____
 (4) _____

17. Typing/Shorthand Experience and Speed _____

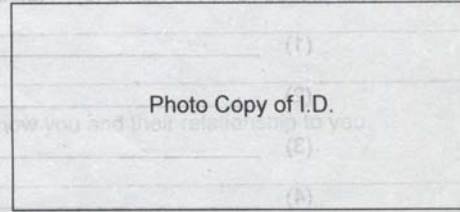
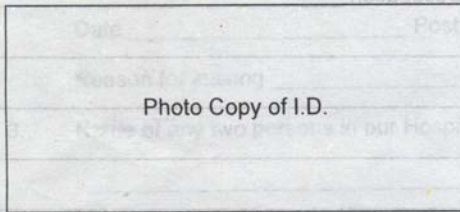
18. Any other Qualification/Experience _____

19. Previous Experience:

Name and Address of Institution/Organization	Duration of Service	Capacity and Salary	Reason for leaving
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____
(c) _____	_____	_____	_____
(d) _____	_____	_____	_____

20. Previous Registration No. Of Employees Old Age Benefits Institution (if any) _____

I solemnly affirm that all information given in the application form is true to the best of my knowledge and so information has been concealed.



Signature of the Applicant _____

FOR OFFICE USE ONLY

1. Date of issue (Form) _____ (2). Date of Interview _____

3. Recommendations _____

4. Final Decision _____

5. Terms / Conditions offered _____

Administrators Signature: _____

PRICE Rs. 5.00