

PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan Phone No.0243-640160 Fax No. 0243-720066 Email Address gambatpws@yahoo.com



Application Form No	
---------------------	--

PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan

APPLICATION PROCEDURE

- Prescribed application forms are available in the office of the Director PAQSJ Institute of Medical Sciences, Gambat on payment of Rs.2000/- (Non refundable) for each post. Through pay Order/DD in the favor of "Director PAQSJ Institute of Medical Sciences.
- Application form with full particulars must include three photographs, TWO SETS of attested photocopies of relevant Educational/Experience/Residential documents /Domicile, PRC and CNIC i-e Matriculation Pakka Certificate/ Mark sheet and onwards including Valid PMDC/PNC Registration Certificate, Revised PMDC/PNC Experience Certificate and copies of Research Publications should reach the PAQSJ Institute of Medical Sciences within due date.
- The required documents are to be submitted at the time of submission of application form and no further communication regarding short of documents will be made after due date. Application (s) on plain paper and/ or only CV will not be entertained.
- Applicants who are already serving in Government/Semi-Government/ Autonomous Bodies should apply through proper channel accompanied by N.O.C from the employer:
- An advance copy of the application form (s) may be sent within due date.
- Age limit relax able as per Government policy.
- Only short listed candidates will be called for written test/ interview.
- University/Institute reserves the right to reject any or all the applications. Incomplete application (s) in any manner shall not be entertained.
- Canvassing in any manner will disqualify a candidate.
- University/Institute reserves the right to reject any or all the applications.
- No T.A / D.A will be paid for appearing in written test / interview.
- PAQSJ Institute of Medical Sciences reserves the right of cancellation of advertised post (s) partly or as a whole.

GENERAL INSTRUCTIONS

- 1. The application form must be filled in carefully and legibly block letters must be used. No column of the application form should be left blank. In case a column is not applicable, please write down "N/A". Extra sheets may be attached if the requisite information cannot be fully incorporated in any of the columns of application form. All replies must be supported with documentary proof.
- 2. Applicants who are already employed under Government / Semi Government, Autonomous Organizations are required to produce NOC of their parent Department / Employer / Competent Authority. Their applications will not be entertained if not received through proper channel.
- 3. No application will be considered if the same is not received within the scheduled / prescribed date.
- 4. Incomplete application (s) in any manner shall not be entertained and no further communication will be made regarding short of documents. Canvassing in any manner will disqualify a candidate.
- 5. Concealment of any of the required information / particulars is strictly prohibited and will disqualify the candidate at any stage of his service duration.

PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan

	40011047104170			
GAMBAT	APPLICATION FOR	INI FOR THE POST	OF	Passport size Photos
Newspaper	Advertisement No. &	& Date:		
Fee Paid Rs	Draft/ Pay Order No:	Dated	d:	
			_	
	<u></u>	NAL DETAILS	_	
	Block Letters)			
	:			
MAILING ADDRE	SS:			
PERMANENT ADI	DRESS:			
TELEPHONE NO.	(Res)(Off:)		(Mobile No)	
DATE OF BIRTH (dd/mm/year):			
		ARITAL STATUS (F	Married
	DOM	MICILE / PROVINC	E:	
RELIGION:NATIONALITY				
NATIONAL IDEN	ΓΥ CARD NO. (New)			
PM&DC/PNC NO	` ′ —	Expiry Date		
	2. ACADEM	IC BACKGROU	UND	
QUALIFICATIO DEGREE	NAME OF BOARD / UNIVERSITY		GRADE / M. DIVISION	AJOR SUBJECTS

3. EMPLOYEMENT RECORD AND JOB EXPERIENCE

(In Chronological order)

		DURA	TION	TOTAL	REASON FOR
ORGANIZATION / BPS	FROM	ТО	PERIOD	LEAVING	

4. RESEARCH PAPERS / PUBLISHED ARTICLES

S.NO.	TITLE	JOURNAL	AUTHORS (1 ST /2 ND /3 RD /4 TH)	DATE OF ISSUE OF JOURNAL

(Use additional Sheets if Necessary)

5. REFERENCES:

List of two and responsible persons: Particularly qualify definite information regarding your character and ability. Please do not mention blood relation or close relation.

REFERENCE-I	REFERENCE-II
Name:	Name:
Position:	Position:
Address:	Address:
Ph: No	Ph: No

6. ATTESTED COPIES OF THE FOLLOWING TESTIMONIAL / CERTIFICATES ARE SUBMITTED WITH THE APPLICATION FORM

1	11	
2	12	
	13	
4	14	
5	15	
	16	
	17	
	18	
	19	
	20	
INFORMATION SUIT CORRECT. I UNDITED INFORMANY PROVIDE GRO	7. DECLARATION THE BEST OF MY KNOWLEDGE AND BELIEF THE PLIED BY ME ON THIS APPLICATION FORM THAT ANY FALSE STATEMENT OR AN ATION WITHHELD FROM THIS APPLICATION FOR UNDS FOR THE WITHDRAWAL OF ANY OFFER ONTMENT HAS BEEN ACCEPTED.	IS IY M
Signature:	Dated:	

8. PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIAY

Name:	Name:
Father's Name:	Father's Name:
Address:	Address:
	
Tel:	Tel:
Name:	Name:
Father's Name:	Father's Name:
Address:	Address:
Tel:	
Name:	Name:
Father's Name:	Father's Name:
Address:	Address:
Tel:	
Name:	Name:
Father's Name:	Father's Name:
Address:	
Tel:	Tel: