



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



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| POST APPLIED FOR | |
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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.

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

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

7. DECLARATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

Signature: _____

Dated: _____

Place: _____

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

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

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Father's Name: _____

Address: _____

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Name: _____

Father's Name: _____

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Name: _____

Father's Name: _____

Address: _____

Tel: _____