



**OFFICE OF THE DIRECTOR
INSTITUTE OF KIDNEY
DISEASES HAYATABAD PESHAWAR**

Form # _____

2 x Attested
Photos

Application form for other positions from S# 7 to 13

(To be filled in Capital letters) (Last date for application submission is 31/10/2020)

Post Serial No. _____

1. Applicant's Name: _____ 2. Religion: _____

3. Father/Husband Name: _____ 4. Date of Birth: _____

5. Age (on closing date of Adv): _____ 6. District of Domicile: _____

7. CNIC #: _____ 8. Gender: _____ 9. Province: _____

10. Email address: _____ 11. Contact #: _____ 12. Marital Status: _____

13. Mailing Address: _____

14. Permanent Home Address: _____

15. EDUCATIONAL QUALIFICATION:

S#	Qualification	Board/University	Passing Year	Marks/CGPA		Division/Grade
				obtained	Total	
1	SSC/ equivalent					
2	FA/FSc/equivalent					
3	BA/BSc/equivalent					
4	MA/MSc/equivalent					
5	Diploma					
6	Other					

16. EXPERIENCE IN THE RELEVANT FIELD:

S #	Name of Organization	Designation/ Post	From	To	Total Experience	Reason for Leaving

Applicant's Signature: _____

**INSTITUTE OF KIDNEY DISEASES
HAYATABAD, PESHAWAR**

16. PROFESSIONAL COURSES / TRAINING ETC IN THE RELEVANT FIELD.(if any):

S#	Institute Name	Name of Course/Training certificate/Diploma	From	To	Total Duration

17. a). Disability (if any) _____ **b). Other** _____

18. Zone: _____

19. Computer Skills (if any): i. _____ ii. _____ iii. _____

20. List of attested documents attached.

	Page No.
i. Bio-data	3
ii. Matric (S.S.C.)	_____
iii. Intermediate (F. A/ F. Sc.)	_____
iv. B. A/ B. Sc.	_____
v. M. A/ M. Sc.	_____
vi. Detail Marks Sheet (DMC)	_____
vii. Merit Certificates	_____
viii. Experience Certificates	_____
ix. Domicile Certificate	_____
x. C.N.I.C	_____
xi. Character Certificate of the Academic Institution last attended	_____
xii. Certificate of character from two responsible persons (Not from relative, who are well acquainted with his character and antecedents)	_____
xiii. _____	_____
xiv. _____	_____
xv. _____	_____
xvi. _____	_____

21. Applicant's Declaration:

I, Mr./Ms./Mrs....., hereby solemnly declare that all the entries in this application form, all the additional particulars (if any) furnished along-with it, are true & correct to the best of my knowledge & belief and that nothing have been concealed.

Note: For any correspondence, candidates will be called through Given Contact Numbers or email or mailing address. Please keep visiting IKD website i.e. www.ikdpeshawar.gkp.pk regularly

Date: ____/____/____

Applicant's Signature: _____