

D.G. KHAN MEDICAL COLLEGE, DERA GHAZI KHAN

APPLICATION FORM

POST APPLIED FOR: _____

Name With Father`s Name:.....

Postal Address:

Sex: **Religion:** **Domicile:**

CNIC:

D.O.B:

Mobile Number: **E-MAIL:**

Valid PMC/ Faculty Registration No......

Are you a Punjab Government Employee:if yes, Post held at present(Regular/Contract/Adhoc)_____

Were you ever dismissed from government service/autonomous body/ invalidated, involved/ proceeding against in criminal case before any court of law?

Number of Articles Published

Conferences/ workshops / Seminars attended / presented

ACADEMIC QUALIFICATION.

Certificate /Degree	Board/ University	Major Subjects	Result Declaration date	Number of attempts.	Obtained Marks	Total Marks	%age / Grade

SERVICE RECORD/EXPERIENCE (if required)

Post Held	Department/Office	From	To	Scale

DISCLAIMER

I certify that all information provided by me in the above application form is correct and in case any information is found to be incorrect, it will disqualify my Candidature.

Date:

Candidate's Signature.....