



PARAPLEGIC CENTRE

Street No. 10, Sector P-1, Phase – IV, Hayatabad, Peshawar, KPK
Phone No. 091-9217902, Ph/Fax: 091-9217901

PICTURE
Passport Size

Employment Form

For Office use only:

Form No: _____

Post applied for: _____

Instructions: This application form, duly completed should be submitted to the HR Department, Paraplegic Centre Peshawar on or before the due date.

Incomplete application forms and those received after the due date will not be entertained.

1. NAME (in block letters) _____

2. FATHER'S Name _____

3. ADDRESS AND OTHER PARTICULARS:

For correspondence (interview Call): _____

Mobile No: _____ Phone No: _____

Email Address: _____

Gender: Male Female Marital Status: Single Married

Domicile: _____ CNIC No:

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Date of Birth:

		DD			MM			Year				
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4. EDUCATION: Commencing from the Matriculation or Equivalent Examination.

S#	Name of Board / University	Exam. with year of passing	Division / distinction	Marks Obtained	% of Marks Obtained	Total Marks
1.						
2.						
3.						
4.						
5.						
6.						

5. DETAIL OF EXPERIENCE AS PER CRITERIA:

S#	Name of Institute / Organization	Period	Designation	BPS	Job Description (Teaching / Research / Admin / Senior Management)	Nature of Job (Permanent / Temporary
		From – To				

6. We would like you to write a brief note regarding your knowledge about the current status of Physical Rehabilitation in Pakistan and how would you enable Paraplegic Centre Peshawar, to meet the challenges of our times?

8. List of attested documents attached.

1. Domicile: _____ Page.no: ()
2. CNIC: _____ Page.no: ()
3. Certificate/Degree: _____ Page.no: ()
4. DMCs: _____ Page.no: ()
5. Experience Certificate: _____ Page.no: ()
6. Research Articles: _____ Page.no: ()

I Mr/Ms _____

hereby solemnly declare that all the entries/information provided by me in this application form, all the additional particulars (if any) furnished along-with it, are correct & true in all respect. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Signature of the Candidate

Dated: ____/____/_____