



**DIRECTORATE OF HUMAN RESOURCES
SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY (SMBBMU) LARKANA**



APPLICATION FORM – ADMINISTRATIVE/NON-TEACHING POSITIONS

POST APPLIED FOR: _____

CONTRACT

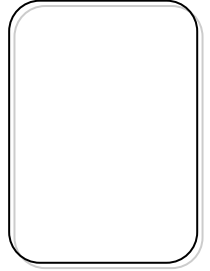
REGULAR* (applicants of SMBBMU Larkana only)

APPLIED FOR (NAME OF DEPARTMENT & COLLEGE/INSTITUTE): _____

DATE OF ADVERTISEMENT _____

DATE OF APPLICATION _____ DEMAND DRAFT NO & DATE: _____

NAME OF BANK: _____



1. PERSONAL DETAILS

NAME.....FATHER'S NAME.....

DATE OF BIRTH.....AGE ON CLOSING DATE YYMM DD.....

SEX M/FMARTIAL STATUS

DOMICILE..... CNIC NO.

ADDRESS

TELEPHONE RESIDENTMOBILE.....

PERMANENT ADDRESS (if different from above)

CityProvince / StateCountry.....Area Code.....

2. CURRENT APPOINTMENT

3. ACADEMIC PROFILE (Most recent first)

	DEGREE / DIPLOMA /CERTIFICATE	YEAR	INSTITUTION
1			
2			
3			
4			
5			
6			
7			

(Further details on extra sheet)



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4. EXPERIENCE (Most recent first)

S#	POST	INSTITUTE	FROM (DD-MM-YY)	TO (DD-MM-YY)	TOTAL (DD-MM-YY)
1					
2					
3					
4					
5					
Total Experience					

Mentioning exact and accurate duration is mandatory.

(Further details on extra sheet)

5. ACADEMIC HONOUR AND AWARDS/WORKSHOPS & TRAINING COURSES

1	
2	
3	
4	
5	

(Further details on extra sheet)

6. REFERENCES (Must include the most recent superior)

Name:
Designation:
Address:
.....
Tel No:
E-mail:

Name:
Designation:
Address:
.....
Tel No:
E-mail:

7. DOCUMENTS:

Application should be sent along with:

- (i) Pay Order/ Bank Demand Draft of Rs.2,500/- (Non-refundable)
- (ii) Three recent passport size photographs
- (iii) Brief curriculum vitae
- (iv) Copy of valid CNIC
- (v) Attested photocopies of Academic Certificate
- (vi) Domicile & PRC/Form "D"
- (vii) Copy of valid/updated experience certificate(s)
- (viii) NOC/Advance copy

(For applicant already serving in Government/ Semi-Government/Autonomous Bodies)

DECLARATION

I S/o, D/o, W/o certify that to the best of my knowledge and belief that the information supplied by me on this application form is correct. I have read, understood eligibility criteria, terms & conditions and undertake that any false statement or any required information withheld from this application form may provide grounds for the withdrawal of any offer or dismissal, if appointment has been accepted.

Signature: _____

Name: _____