

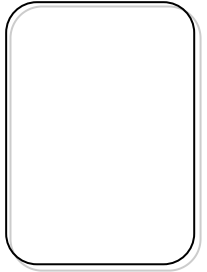


**DIRECTORATE OF HUMAN RESOURCES
SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY (SMBBMU) LARKANA**



APPLICATION FORM

POST APPLIED FOR	
SPECIALTY	<input type="checkbox"/> BASIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> TECHNICAL <input type="checkbox"/> OTHER
APPLIED FOR INSTITUTE / DEPARTMENT / COLLEGE	
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 STATUSCNIC :

Domicile..... PMDC No./PEC No./PNC No./ Other Reg: No.....

ADDRESS

TELEPHONE Residence Mobile..... Clinic.....

Email Address

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			

(Further details on extra sheet)



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4. ACADEMIC HONOUR AND AWARDS

1	
2	
3	
4	
5	
6	

5. EXPERIENCE (Most recent first)

S#	POST	INSTITUTE	FROM	TO
1				
2				
3				
4				
5				
Total Experience				

(Further details on extra sheet)

6. RESEARCH PAPERS and PUBLICATIONS

(Mention all papers you wish to given credit of. No credit will be given to papers not listed in this Application form)

1	
2	
3	
4	
5	
6	
7	
8	
9	
Total Research Paper	

(Further details on extra sheet)



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7. WORKSHOPS & TRAINING COURSES

Name	Venue	Year

8. ANY OTHER

9. RESEARCH & ACADEMIC INTERESTS



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10. REFERENCES (Must include the most recent superior)

1. Name:
 Designation:
 Address:

 Tel No: E-mail:

2. Name:
 Designation:
 Address:

 Tel No: E-mail:

3. Name:
 Designation:
 Address:

 Tel No: E-mail:

PROCEDURE FOR SUBMITTING APPLICATIONS FORMS:

- Prescribed details of eligibility criteria can be downloaded from the website <http://www.smbbmu.edu.pk>. Application form with full particulars along with three photographs, CV (Not more than one page) ONE SET of attested photocopies of documents such as Academics & Experience certificates, Valid Registration & Valid Experience Certificate from PM&DC (For Medical & Dental Faculty), Publications/ Research Papers, including Domicile, PRC and copy of CNIC & Original Pay Order/ Bank Draft , should reach at the Office of the Director Human Resources Department, SMBBMU, Larkana on or before 20th October 2016.

- The required documents are to be submitted at the time of submission of application form and no further communication regarding short documents will be made after due date.

- Application (s) on plain paper and / or only CV will not be entertained.

- **Any fake document, Degree or Diploma if found shall amount to Criminal offense.**

- Applicants who are already serving in Government / Semi-Government / Autonomous Bodies should apply through proper channel accompanied by N .O.C from the employer.

- Quota of Minorities, Women & Disable are reserved as per Government rules.

1. An advance copy of the application form (s) may be sent within due date.

2. Only short listed candidates will be called for written test / interview.

3. Age can be relaxed according to Government rules.

4. University reserves the right to reject any or all the applications.

5. **Incomplete application (s) in any manner shall not be entertained.**

6. **Canvassing in any manner amounts to disqualification.**

7. No T.A / D.A will be paid for appearing in written test / interview.

8. University reserves the right of cancellation or addition of advertised post (s) partly.

9. Only Sindh domiciled are eligible.

10. Separate applications may be sent for each position.

11. **Preference will be given to those who are already working at SMBBMU Larkana.**

DECLARATION.

I certify that to the best of my knowledge and belief the information supplied by me on this application form is correct. I read & understand terms & conditions. I 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: _____



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11. ADDRESS:

1. Name:

Address:

Mob/ Tel No:

2. Name:

Address:

Mob/ Tel No:

3. Name:

Address:

Mob/ Tel No:

4. Name:

Address:

Mob/ Tel No: