



FEDERAL POSTGRADUATE MEDICAL INSTITUTE LAHORE

APPLICATION FORM

Form No.

(For Office Use)

1) Application for the Post of:

2) Name of Applicant

(Name in Block Letters)

Father's name:

Domicile District:

Date of Birth:

Age (on closing date):

CNIC No:

Religion

Contact No.:

Bank Challan No.:

Postal Address:

Gender

3) Academic Qualification:

Certificate/ Degree Level	Title of Degree	Major Subject /Specialization	Passing Year	Obtained Marks	Total Marks	Percentage	Board/ University
Primary							
Middle(8 th Class)							
Matric							
Intermediate							
Bachelor (14years,if applicable)							
Bachelor (Hons.) /Master(16 Years)							
MS/M.Phil (18Years)							
Diploma/ Other							

4) Employment Record/Experience:

Sr. No.	Organization / Employer Name(Please write the most Recent first)	Job Title/ Position	Job Duration	
			From	To
1.				
2.				
3.				
4.				
Total Job Experience in relevant field as on closing date of application				

5) Training/courses Attended etc.:

Sr. No.	Diploma/ Certificate	Duration	Institute/ University	Marks/Grade
1.				
2.				
3.				
4.				

6) Additional Experience(if any):

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7) Hafiz-e-Quran

Yes

No

8) (i)Are you a Government Servant and applying through proper channel:

Yes

No

(ii)NOC attached:

Yes

No

9) Driving License Information(for drivers only):

(i)Do you have valid Driving License?

Yes

No

10) Undertaking by the Applicant:

<p>I _____S/D/W of _____do here by declare that I have read and understood the instructions and conditions of the post, and filled-up the application form as per instructions and attached the relevant documents / experience certificates, as desired. In case of any information contained herein is found to be missing, untrue, false or forged at any stage, my candidature can be cancelled at any stage (even after employment, if so revealed later), and I shall be liable to be proceeded upon legal action.</p> <p>Date: _____</p> <p style="text-align: right;">Candidate's Signature:_____</p>
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11) Check list: Please check whether you have attached the copies of following:

Sr. No.	Description	Yes	No
1.	Attested Copy of Matric Certificate		
2.	Attested Copy of Intermediate Certificate		
3.	Attested Copy of Bachelor Degree(If applicable)		
4.	Attested Copy of Master/M.Phil Degree(If applicable)		
5.	Attested Copy of Ph.D Degree (If applicable)		
6.	Attested Copy of Diploma/ Certificate (If applicable)		
7.	Attested Copy of CNIC		
8.	Attested Copy of Domicile		
9.	Attested Copy of Experience Certificate		
10.	Photograph (03 Passport Size)		
11.	Copy of paid Challan Form (Rs. 500/-)		



INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:						
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Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref/IBT Number

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Tick A/C Type			A/C Type	ACCOUNT NO.																			
PLS	C/A	ADV																					
✓																							
P	K	5	4	N	B	P	A	1	7	0	7	0	0	3	1	5	4	8	2	0	9	0	2

Name: DEAN FPGMI, LAHORE

Rs. 5 0 0 / -

Amount in Words: Five Hundred Rupees Only

Bank's Stamp

Authorized Signature

Applicant's Signature

Name : _____
Father Name : _____
CNIC No. : _____
Phone No. : _____
Address : _____



National Bank of Pakistan
نیشنل بینک آف پاکستان

For BPS-01 to BPS-16

Customer Copy

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:						
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Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref/IBT Number

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Tick A/C Type			A/C Type	ACCOUNT NO.																			
PLS	C/A	ADV																					
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P	K	5	4	N	B	P	A	1	7	0	7	0	0	3	1	5	4	8	2	0	9	0	2

Name: DEAN FPGMI, LAHORE

Rs. 5 0 0 / -

Amount in Words: Five Hundred Rupees Only

Bank's Stamp

Authorized
Signature

Applicant's Signature

Name : _____
Father Name : _____
CNIC No. : _____
Phone No. : _____
Address : _____
