



OFFICE OF THE HOSPITAL DIRECTOR
Medical Teaching Institute
Ayub Teaching Hospital, Abbottabad

Application form for Employment
(BPS-17 & ABOVE)

PHOTO

Post Applied For _____

- Instruction:** This application form, duly completed should be submitted to the Hospital Director, Ayub Teaching Hospital, Abbottabad on or before the due date along with.
- Attested photocopies of certificates, degrees, detail marks certificates, domicile and other relevant documents.
 - Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.
 - Incomplete application forms and those received after the due date will not be entertained.
 - Use additional sheets, if required.

- Name (in block letters) _____
- Father's Name _____
- Address and other particulars:
 - For correspondence (interview call)
.....
Mobile Ph. No.
 - Permanent Home Address:
..... Ph. No.
 - E-Mail Address Gender.
 - Nationalityv. Religion..... vi. Domicile.....
 - Marital Status vii. Date of Birth

4. Education: Commencing from the Matriculation or Equivalent Examination.

Sr. No	Certificate/ Degree	Name of Board/ University	Exam. With year of passing	Division/ Distinction	Attempt	% Marks Obtained
1.						
2.						
3.						
4.						
5.						
6.						
7.						

5. Formal Training or Education:

Sr. No	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From --- To	

6. Research Papers: Attach list of Research Papers as per specimen and attested photocopy of title journal with research paper.

Sr. No	Title of Research Paper	Name of Journal	Date of Publication	Principal or co-author

7. Employment Record (Starting from the present position):

Sr. No	Name of Institute Organization	Period	Designation	BPS	Job Description (Teaching/ Research/ Admn)	Nature of Job (Permanent/ Temporary)
		From – To				

8. Attach List of Miscellaneous Teaching or Administrative Experience, if any.
9. Membership of Learned Societies and other Achievements in the University, Public or International Affairs, if any.
10. Countries Visited:

Sr. No	Name of Country	Duration	Purpose of Visit

11. References:
- i.
- ii.

12.	List of attested documents attached.	Page No.
i.	Bio-data	_____
ii.	Matric (S.S.C.)	_____
iii.	Intermediate (F. Sc.)	_____
iv.	M.B.B.S/ Equivalent	_____
v.	FCPS/ MRCP/ FRCS/ M.D/ M.S/ M. Phil/ Ph. D	_____
vi.	Detail Marks Sheet (DMC)	_____
vii.	Merit Certificates	_____
viii.	PM&DC Registration Certificate	_____
ix.	Experience Certificates	_____
x.	Domicile Certificate	_____
xi.	C.N.I.C	_____
xii.	Research Papers/ Publications	_____
xiii.	_____	_____
xiv.	_____	_____
xv.	_____	_____
xvi.	_____	_____
xvii.	_____	_____
xviii.	_____	_____

I hereby declare that all the entries in this application form, all the additional particulars (if any) furnished along with it, are true to the best of my knowledge and belief.

Name & Signature of the Candidate

Dated:___/___/ 2018



MTI/Ayub Teaching Hospital Abbottabad
Account Receipt (Office Copy)

Name of Applicant_____Diary No._____

Applied For_____Dated_____

Form Submission Fee_____

Signature (Receiver) _____



MTI/Ayub Teaching Hospital Abbottabad
Account Receipt (Applicant Copy)

Name of Applicant_____Diary No._____

Applied For_____Dated_____

Form Submission Fee_____

Signature (Receiver) _____