



Ayub Teaching Hospital Abbottabad
(House Officer)

Contract

Employee code _____

Name _____

Father's Name / Husband Name _____

CNIC No.

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Designation _____ Department _____

Date of Birth _____ Date of Joining _____

Contact No. _____ Blood Group _____

Place of Birth. _____ Tehsil _____ District _____

Marital Status _____ Religion _____

Address _____

PMDC Registration No _____ PMDC Registration Issue Date _____

PMDC Registration Expiry Date _____

Dated _____

Applicant Signature _____

For office use Head of Department

The above given information is verified as correct as per record of this office.

1 st Rotation

2 nd Rotation

Signature/Stamp Head of Department

Signature/Stamp Head of Department

03 rd Rotation

04 th Rotation

Signature/Stamp Head of Department

Signature/Stamp Head of Department

Dealing Officer