**APPLICATION FORM -HOSPITAL DIRECTOR**

**January - 2025**

**Prerequisites:**

1. **No application is accepted without complete Application Form.**
2. **No Hand written Application Form is accepted, All rows, columns need to be typed/filled.**
3. **Verified copies of Educational certificates and degrees must be attached. Otherwise application will not be processed.**
4. **In complete information of any candidate will not be accepted or processed.**
5. **The Application form is part of Advertisement and mandatory pre-requisite to process the Hospital Director applications, in case of mis information or concealment of facts application will not be processed.**
6. **Add rows to the additional qualifications and additional information as per need.**
7. **Make One Pdf file of the Application Form, CV and educational/experience documents and then submit in soft and Hard both.**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_: AGE: \_\_\_\_Yrs \_\_\_\_ months, Contact No:\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**Education & Qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Name of Degree/Diploma** | **Passing year** | **Institution/University** | **Verified Degree Attached****Yes/No** |
|  |  |  |  |  |
|  |  |  |  |  |

**Additional Qualification/Certification**

(Any recognized additional qualification or Training/certification from a repute/registered institute/organization which is pertinent to the hospital administration such as human resource management, financial management and budgeting, Procurement and material management, facilities management)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Name of course/training/****certification** | **Duration of****course** | **Year qualified** | **Institute** | **Certificate Attached****Yes/No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Professional Experience:**

(Please mention level of hospital, number of beds and whether teaching or not in case where hospital experience is claimed. Please attach the experience certificate of all the experiences claimed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Name of institution/Hospital** | **Designation** | **Duration****\_\_\_Yrs, \_\_\_Months** | **Type of hospital** | **Experience Letter attached****Yes/No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**National /International Recognitions of Excellence**(Awards from professional societies/Institutions):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Name of professional society or institute** | **National/International** | **Duration** | **Type of award** | **Certificate Attached****Yes/No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Presentation in national/international conferences pertaining to Hospital Management**

**functions:**(attach evidence/certificate of presentation)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Name of conference** | **National/International** | **Duration** | **Key speaker/Guest****/participant** | **Certificate Attached****Yes/No** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **Yes No**

1. Have you ever been Reprimanded? if Yes Please elaborate... \_\_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been terminated, dismissed, removed from Service? \_\_\_\_ \_\_\_

if Yes Please elaborate...:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is any inquiry pending against You? if Yes Please elaborate... \_\_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any litigation case against service matter which is still pending? \_\_\_\_ \_\_\_

if Yes Please elaborate...:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been convicted of fraud, financial embezzlement, corruption? \_\_\_\_ \_\_\_

if Yes Please elaborate...:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think you suffer from any disability , physical or mental? \_\_\_\_ \_\_\_

If yes , elaborate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever worked in a multicultural environment? if Yes Please give example \_\_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you want to declare any gender, racial, religious bias? if yes please elaborate.. \_\_\_\_ \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the space below and sign each page of Application.**

Any Additional Information that you want to provide about yourself Please feel free to provide it:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **S.No.** | **Particulars**  | **Attached Yes/No** | **No. of Pages** |
| 1 | Application Form |  |  |
| 2 | Cover Letter |  |  |
| 3 | CV |  |  |
| 4 | Educational Degrees |  |  |
| 5 | Additional Educational qualification/Certification |  |  |
| 6 | Experience Certificates |  |  |
| 7 | Recognition of excellence certificates (Award from Professional Societies) |  |  |
| 8 | Certificates of presentation in conferences |  |  |

**Declaration**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_s/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, candidate for the Post of Hospital Director, hereby declare that the information I have provided in my CV and application form for the post of Hospital Director, Ayub Teaching Hospital Medical Teaching Institute is correct and in case of any wrong information my application may be subject to rejection at any stage of selection process or after completion of the same, and that I have never been involved in any ethical or professional misconduct.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**