

MERCY TEACHING HOSPITAL



Fill up cleanly in Block Letters

Post Applied for: \_\_\_\_\_

Application Form (For MO & TMO)

Name: \_\_\_\_\_ Age: \_\_\_\_\_
Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_
Date & Place of Birth: \_\_\_\_\_ Husband Name: \_\_\_\_\_
Nationality: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_
Permanent Address: \_\_\_\_\_
Present Address: \_\_\_\_\_

Details of Dependents: (Name, Age & Relation)

1 \_\_\_\_\_
2 \_\_\_\_\_

Languages you can conversant/Communicate:

1. Urdu (Yes/No) 2. Pushto (Yes/No) 3. English (Yes/No)

Qualification (Professional):

Table with 3 columns: Title, Institution, Date of Graduation. Rows 1, 2, 3.

House Job: (For Doctors):

Table with 3 columns: Department, Institution, Date / Duration. Rows 1, 2, 3.

Professional Experience:

Table with 3 columns: Title of job, Institution, Date / Duration. Rows 1, 2, 3.

If selected how long you intend to stay in this hospital: \_\_\_\_\_

Indicate 2 references who if asked can give details about you:

Table with 3 columns: Name, Address, Phone No. Rows 1, 2.

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

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

Note: Please attach the following which ever applicable

- 1. Recent Photograph 2. Diploma/Graduation/Post Graduation Certificates 3. Experience Certificate
4. NIC 5. House job Certificate & Testimonials 6. Registration Certificate (PMDC)
7. Domicile Certificate