

MERCY TEACHING HOSPITAL



Fill up cleanly in Block Letters

Post Applied for: _____

General Application Form (For Paramedic & Other Staff)

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):

Title	Institution	Date of Graduation
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Working Experience:

Title of job	Institution	Date / Duration
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:

Name	Address	Phone No
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. Domicile Certificate