



JINNAH POSTGRADUATE MEDICAL CENTRE
KARACHI-75510

PHOTOGRAPH

The Executive Director,
Jinnah postgraduate Medical Centre,
Karachi.

Application for the post of _____

Refer your advertisement published in _____ dated _____

Name of applicant (in block letter) _____

Father's name of applicant (in block letter) _____

Date of birth (according to CNIC or educational certificate) _____

DOMICILE _____

CINC NO. _____

CONTACT NO. _____

MAILING ADDRESS _____

ACADEMIC / PROFESSIONAL QUALIFICATION

Name of School	Year	Class

EXPERIENCE

Name of Organization	Name of Post	Period of Service

Documents Attached
(Duly attested)

- * CNIC
- * Photographs
- * Academic Certificate
- * Domicile / PRC
- * Experience Certificate

SIGNATURE OF APPLICANT