



**MEDICAL TEACHING INSTITUTION  
KHYBER COLLEGE OF DENTISTRY, PESHAWAR**

APPLICATION FORM (FOR DOCTORS)

02

Backside  
Attested  
Photographs

**APPLICATION FOR THE POST OF \_\_\_\_\_**

1. Name (In Block Letters): \_\_\_\_\_
2. Father Name: \_\_\_\_\_
3. Present /Postal Address (for correspondence) \_\_\_\_\_  
\_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Domicile \_\_\_\_\_
7. Contact No \_\_\_\_\_
8. Contact No.2 \_\_\_\_\_
9. C.N.I.C No. \_\_\_\_\_
10. E-mail \_\_\_\_\_

**11. Academic Qualification:**

Name of Professional Exam BDS/MBBS	Year of Passing	Roll No	Marks Obtained	Total Marks	Division
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					

**13. Experience with place of posting:**

S. No.	Name of institution/ Organization	Duration	Designation	Nature of job permanent/ temporary

**Note: Please add additional sheet, if more space is required.**

It is hereby certified that information given in this application form is correct and nothing relevant has been concealed.

**Date: \_\_\_\_\_ / \_\_\_\_\_ /2019.**

\_\_\_\_\_  
Signature of Applicant