



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

APPLICATION FORM (FOR NON 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 I No (1) _____
8. Contact No (2) _____
9. CNIC No. _____
10. E-mail _____

11. Academic Qualification:

S. No	Degree/Certificate	Board/ University	Year of Passing	Obtained Marks	Total Marks	Division/ Grade

12. Professional Qualification/ Training/ Certification/ Others if any:

S. No	Name of Institution/Board	Type of training/ course	Duration		Diploma or Certificate obtained
			From	To	

13. Employment Record:

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

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

Date: _____ / _____ /2019.

Signature of Applicant