



KHYBER COLLEGE OF DENTISTRY PESHAWAR

MEDICAL TEACHING INSTITUTION

Job Application Form

ATTACH

- Attested photocopy of CNIC.
- 2 attested (passport size) photographs.
- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- Original Bank Draft / Deposit slip

Attach
2 x Passport
Size
Photographs

(To be filled in CAPITAL letters)

Post Applied for _____

Bank Draft/Deposit Slip No: _____ Date: _____

Bank Name & Branch: _____

1. **Applicant's Name:** _____

2. **Father/Husband Name:** _____

3. **Date of Birth:** _____
(dd / mm / yyyy)

4. **Domicile:** _____
(Distt. /Agency name)

5. **Nationality:** _____

6. **CNIC / Passport No.:** _____

7. **Religion:** _____

8. **Blood Group:** _____

9. **Contact No. (Primary):** _____

10. **Contact No.(Secondary):** _____

11. **Email address:** _____

10. **Permanent Home Address:** _____

11. **Mailing Address:** _____

12. **Next of Kin (Name):** _____

Relation: _____

Contact Details: _____

Address: _____

13. EDUCATIONAL QUALIFICATION (Starting from the recent one):

S#	Degree /Diploma/ Certificate	Name of Institution / University / Board	Date of Issuance	Marks (Obtained/Total)	Grade/Div/CGPA
1					
2					
3					
4					
5					



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14. PROFESSIONAL COURSES / TRAINING etc. (If any):

S#	Course/Training Title	Institute Name	From Date	To Date	Duration
1					
2					
3					

15. RESEARCH

S#	Title	DATE	JOURNAL NAME	AUTHORSHIP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

16. Professional Registration / Licenses (PMC, PNC, CPSP, PEC etc.)

S#	Professional Body	Number	Issue Date	Expiry Date
1				
2				

17. EXPERIENCE (Starting from Recent/current job):

S#	Designation/ Post	Name of Organization	From Date	To Date	Total Experience	Reason for Leaving
1						
2						
3						
4						



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18. LANGUAGES:

S#	Language	Read	Write	Speak
1				
2				
3				

19. Give Three Referee Names (Only Professional or Educational References are required):

Name: _____
 Designation: _____
 Relationship: _____
 No. of Years of Acquaintance: _____
 Contact No. _____
 Email Address: _____

Name: _____
 Designation: _____
 Relationship: _____
 No. of Years of Acquaintance: _____
 Contact No. _____
 Email Address: _____

Name: _____
 Designation: _____
 Relationship: _____
 No. of Years of Acquaintance: _____
 Contact No. _____
 Email Address: _____

20. Disability (If any): [Please (v) the box] Yes No

If Yes, Please specify: _____

21. Depression/Psychiatric Problem (If any): [Please (v) the box] Yes No

If Yes, Please specify: _____

22. Do you have any criminal record? [Please (v) the box] Yes No

If Yes, Please specify: _____

23. Drug addiction (Heroin, Cocaine, Ice etc): [Please (v) the box] Yes No



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24. Checklist of required documents attached

S#	Name of Document	Attached (Please tick if attached)	Not Applicable Please Tick if not applicable	Page No. (Write page number on the top right corner of the attached documents)
1	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4	Matric DMC	<input type="checkbox"/>	<input type="checkbox"/>	
5	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6	Intermediate DMC	<input type="checkbox"/>	<input type="checkbox"/>	
7	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8	Bachelors/Graduation DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9	Master Degree	<input type="checkbox"/>	<input type="checkbox"/>	
10	Master Degree DMC/ Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
11	M. Phil /MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
12	MPhil/MS DMC /Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
13	PhD Degree	<input type="checkbox"/>	<input type="checkbox"/>	
14	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
15	Relevant Experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	

- Attached Additional Sheet (if required)

25. **Applicant's Declaration:** I, Mr./Ms _____, hereby solemnly affirm that the information given above are true, correct and that nothing has been concealed. If any information were proven to be untrue/ concealed, I will be liable to punishment in the form of termination/cancellation of appointment and further disciplinary actions.

Note:

- Job Applications, duly filled, are only accepted against the advertised posts.
- Incomplete Applications are not acceptable.
- Job Application submitted after closing date, will not be entertained
- Candidates will be contacted through given contact numbers or email.
- Only Shortlisted Candidates will be contacted for Test/interview.
- Kindly bring your original documents at the time of interview.
- If any fields is irrelevant, mark as N/A.