



OFFICE OF THE DIRECTOR  
**INSTITUTE OF KIDNEY DISEASES**  
MTI-HMC Hayatabad Peshawar

Form No: \_\_\_\_\_

**Job Application Form For Charge Nurse**

**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 Deposit slip/Voucher

**Attach**  
2 x Passport Size  
Photographs

**Form to be filled in CAPITAL letters**

**Post Applied for** \_\_\_\_\_

Deposit Slip No.: \_\_\_\_\_ Date: (dd/mm/yyyy) \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Contact No (Primary): \_\_\_\_\_ Contact No. (Whatsapp): \_\_\_\_\_

Email address: \_\_\_\_\_ CNIC/Passport No: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Next of Kin (Name): \_\_\_\_\_

Relation: \_\_\_\_\_ Contact Details: \_\_\_\_\_

**EDUCATIONAL QUALIFICATION** (Starting from the recent one):

S.	Degree/Diploma/ Certificate	Name of Institution /University/ Board	Date of Issuance (dd/mm/yyyy)	Marks (Obtained/Total)	Grade/Div/ CGPA
1	SSC/Equivalent				
2	FA/FSC/Equivalent				
3	Diploma (1 <sup>st</sup> Year)				
4	Diploma (2 <sup>nd</sup> Year)				
5	Diploma (3 <sup>rd</sup> Year)				
6	Diploma (Midwife) /PBS				
7	BSC Nursing/Equivalent				
8	Other				
9					

**EXPERIENCE** (Starting from Recent/current job):

S. No	Name of Organization	Designation/Post	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Total Experience	Reason for Leaving
1						
2						
3						
4						

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

S. No	Course/TrainingTitle	Institute Name	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Duration
1					
2					
3					

**PROFESSIONAL REGISTRATION / LICENSES** (PMC, PNC, CPSP, PEC, Driving License etc.)

S. No	Professional Body	Number	Issue Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
1				
2				

**LANGUAGES:**

S. No	Language	Read	Write	Speak
1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**DISABILITY (IF ANY):** [Please select the appropriate option]

Yes

☐

No

☐

If Yes, please specify: \_\_\_\_\_

**Do you have any criminal record?:** [Please select the appropriate option]

Yes

☐

No

☐

If Yes, please specify: \_\_\_\_\_

**APPLICANT'S DECLARATION:**

I, Mr. /Ms. \_\_\_\_\_, hereby solemnly affirm that the information given above is true, correct and that nothing has been concealed.

**Applicant's Signature with Date:** \_\_\_\_\_**FOR OFFICIAL USE ONLY**ELIGIBLE ☐NOT ELIGIBLE ☐

Reason (If NOT ELIGIBLE): \_\_\_\_\_

**SELECTION COMMITTEE**

Interviewed

YES

☐

SELECTED

☐

NO

☐

REJECTED

☐

Date: \_\_\_\_\_