



**OFFICE OF THE DIRECTOR  
INSTITUTE OF KIDNEY  
DISEASES MTI-HMC PESHAWAR**

Form # \_\_\_\_\_

2 x Attested  
Photos

**Application form for other positions BPS-16/equivalent & below**

(To be filled in Capital letters)

Post Serial No. \_\_\_\_\_ Post Applied for: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_ 2. Religion: \_\_\_\_\_

3. Father/Husband Name: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Age (on closing date of Adv): \_\_\_\_\_ 6. District of Domicile: \_\_\_\_\_

7. CNIC #. \_\_\_\_\_ 8. Gender: \_\_\_\_\_ 9. Province: \_\_\_\_\_

10. Email address: \_\_\_\_\_ 11. Contact #: \_\_\_\_\_ 12. Marital Status: \_\_\_\_\_

13. Whatsapp No. \_\_\_\_\_ 14. Mailing Address: \_\_\_\_\_

15. Permanent Home Address: \_\_\_\_\_

**16. EDUCATIONAL QUALIFICATION:**

S#	Qualification	Board/University	Passing Year	Marks/CGPA		Division/Grade
				obtained	Total	
1	SSC/ equivalent					
2	FA/FSc/equivalent					
3	BA/BSc/equivalent					
4	MA/MSc/equivalent					
5	Diploma					
6	Other					

**17. EXPERIENCE IN THE RELEVANT FIELD:**

S #	Name of Organization	Designation/ Post	From	To	Total Experience	Reason for Leaving

Applicant's Signature: \_\_\_\_\_

**INSTITUTE OF KIDNEY DISEASES  
HAYATABAD, PESHAWAR**

**17. PROFESSIONAL COURSES / TRAINING ETC IN THE RELEVANT FIELD. (if any):**

S#	Institute Name	Name of Course/Training certificate/Diploma	From	To	Total Duration

**18. a). Disability (if any)** \_\_\_\_\_ **b). Other** \_\_\_\_\_

**19. Zone:** \_\_\_\_\_

**20. Computer Skills (if any):** i. \_\_\_\_\_ ii. \_\_\_\_\_ iii. \_\_\_\_\_

**21. List of attested documents attached.**

	Page No.
i. Bio-data	3
ii. Matric (S.S.C.)	_____
iii. Intermediate (F. A/ F. Sc.)	_____
iv. B. A/ B. Sc.	_____
v. M. A/ M. Sc.	_____
vi. Detail Marks Sheet (DMC)	_____
vii. Merit Certificates	_____
viii. Experience Certificates	_____
ix. Domicile Certificate	_____
x. C.N.I.C	_____
xi. Character Certificate of the Academic Institution last attended	_____
xii. Certificate of character from two responsible persons (Not from relative, who are well acquainted with his character and antecedents)	_____
xiii. _____	_____
xiv. _____	_____
xv. _____	_____
xvi. _____	_____

**22. Applicant's Declaration:**

I, Mr./Ms./Mrs....., hereby solemnly declare that all the entries in this application form, all the additional particulars (if any) furnished along-with it, are true & correct to the best of my knowledge & belief and that nothing have been concealed.

**Note:** For any correspondence, candidates will be called through Given **Contact/ Whatsapp Numbers** or email or mailing address. Please keep visiting IKD website i.e. [www.ikdpeshawar.gkp.pk](http://www.ikdpeshawar.gkp.pk) regularly

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant's Signature:** \_\_\_\_\_