



OFFICE OF THE DEAN
BACHA KHAN DENTAL COLLEGE (MTI) MARDAN

Photo

Application for Employment

Post applied for _____

1. Name (in block letter) _____ 2. Father/Husband Name: _____
3. Date of Birth: _____ 4. Domicile: _____
(Distt./Agency Name)
5. CNIC No. _____ 6. Gender (Male/Female): _____
7. Age : _____ Years _____ Months (On last date of application)

8. Addresses:

I. For Correspondence _____

Mobile No _____ Phone No _____

II. Permanent Home

Address _____

Email _____

9. Education (Commencing from Matriculation or equivalent Examination)

Sr. No	Certificate/ Degree	Exam with Year of Passing	Division/ Grade/%age	Attempt	Institution

10. Formal Training or Education

Sr. No	Name of Institution	Type of Training	Period From ----To	Certificate/ Diploma/ Degree Obtained

11. Research Papers: Attach list of research papers as per specimen and attested photocopy of title journal with research papers (Use Additional Sheet if required)

Sr. No	Title of research paper	Name of Journal	Date of Publication	Authorship 1 st , 2 nd , 3 rd , 4 th so on

12. Employment Record (Starting from the present position)

Sr. No	Name of the Institute/ Organization	Period From--- To	Designation	BPS	Total Duration

Attach List of Miscellaneous Teaching or Administrative Experience, if any

13. Countries Visited

Sr. No	Name of Country	Duration	Purpose of Visit

14. Membership of Learned Societies and Other Achievements in the University, Public or International Organizations, if any

15. Give Three Referee Names (Only Professional or Educational References are Required):

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

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

16. Checklist

Page No

- | | |
|--|-------|
| i. Bio-data/ CV | _____ |
| ii. Matric (S.S.C) | _____ |
| iii. MBBS/ BDS or Equivalent | _____ |
| iv. FCPS/ FRCS/ M.D/ M.S/ M. Phil/ Ph.D or Equivalent | _____ |
| v. Academic Certificate | _____ |
| vi. PM&DC Registration Certificate | _____ |
| vii. PM&DC Experience Certificate | _____ |
| viii. Experience Certificates from Institutions | _____ |
| ix. Appointment Orders | _____ |
| x. Domicile Certificate | _____ |
| xi. Copy of CNIC | _____ |
| xii. Research Papers/ Publications | _____ |
| xiii. NOC (Through Proper Channel Optional) (Advance copy) | _____ |
| xiv. (Any Other Document) _____ | _____ |
| xv. _____ | _____ |
| xvi. _____ | _____ |
| xvii. _____ | _____ |

17. I hereby declare that all the entries in this application form, all the additional particulars (if any) furnished along with it, are true to the best of my knowledge and belief.

Dated _____

Name & Signature of the applicant