



SINDH HEALTH CARE COMMISSION

Quality Care for All

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APTITUDE TEST FORM

Date: 1st July 2018
Time 2:00 pm – 5:00 pm
Venue: Main Campus, IBA, Karachi
(Address: KU Circular Road, University Of Karachi,
Karachi)
Reporting Time: 01:30 pm

(Use CAPITAL letters and leave spaces between words)

NAME	
CNIC	
POSTAL ADDRESS	
CONTACT NO.	
PREFERRED POSITION *	

**(If you have applied for more than one position at Sindh Healthcare Commission, mention any ONE in “preferred position”, or else SHCC will have all rights to nominate the person relevant to the experience/qualification for particular position)*

UNDERTAKING BY THE APPLICANT:

I _____ D/O, S/O, W/O of _____
do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge.

Signature of Candidate

Note: Kindly submit this form back to the SHCC official present at the Test Centre