**NOTE: (1)- *The fields with asterisk (\*) must be completed with valid information.***

**(2)- *Please* a*ttach the attested photocopies of the following mandatory documents along with this form:***

***Copy of CNIC.***

***Copy of required qualification.***

***Copy of domicile.***

Recent Photo

1 ½” x 2”

(*Attested on front & back*)

***Copy of experience certificate.***



**JOB APPLICATION FORM**

|  |
| --- |
| **ASSISTANT** |

1. **POST APPLIED FOR:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **ADVERTISEMENT NO:** | **NEWPAPER NAME** | **DATE** | DD | MM | YYYY |

1. **PERSONAL INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | S , D , W/O: | | |
| Date of birth \*: | | Religion: | | Male Female Tr. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | **\_** |  |  |  |  |  |  |  | **\_** |  |   CNIC No: | | | | |
| Present address \*: | | | | |
|  | | | | |
| Permanent address: | | | | |
|  | | | | |
| Phone No**:** Landline: | | Mobile \*: | | |
| Email \*: | Marital Status: | | Domicile \*: | |

1. **ACADEMIC QUALIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***S No.*** | ***QUALIFICATION*** *\** | ***INSTITUTION*** | ***YEAR*** | | ***MAJOR SUBJECTS*** |
| ***from*** | ***to*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **EMPLOYMENT & EXPERIENCE** *(Starting from current / the most recent)***:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***S No.*** | ***Designation*** | ***Institution/Organization*** | ***From*** | ***To*** | ***Major Responsibilities*** |  |
|  |  |  |  |  |  | Govt.  Semi Govt.  Private  Monthly Salary \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **CERTIFIED TRAINING COURCES ATTENDED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S No.*** | ***NAME OF TRAINING*** | ***INSTITUTION*** | ***From*** | ***To*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **SKILLS:**

|  |  |  |
| --- | --- | --- |
| ***S No.*** | ***DESCRIPTION*** | ***Institution where acquired*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **LANGUAGES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S. No*** | ***LANGUAGES*** | ***REDAING*** | ***WRITING*** | ***SPEAKING*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **ADDITIONAL INFORMATION YOU WISH TO ADD, *(****if not covered above****)*:**

|  |
| --- |
|  |
|  |
|  |

1. **PROFESSIONAL REFERENCES** *(Two)***:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***S. No*** | ***NAME*** | ***TITLE / DESIGNATION / ORGANIZATION*** | ***ADDRESS, CONTACT NO.& EMAIL*** |
| **1** |  |  |  |
| **2** |  |  |  |

1. **WHEN CAN YOU JOIN, IF SELECTED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **CERTIFICATION:**

*"I solemnly affirm that:*

1. *all the information submitted by me through this application is correct & true to the best of my knowledge & belief. I understand that if any false information, concealment of any relevant fact or misrepresentation is discovered at any stage, my application may be rejected and, if I am selected. my employment may be terminated without any prior notice”*
2. *I am free from any conflict of interest as envisaged in Sindh Healthcare Commission act 2013.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Do not write below this line)*

**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

***FOR OFFICE USE ONLY AT SHCC, Karachi***

|  |  |  |  |
| --- | --- | --- | --- |
| **FORM SCRUTINISED BY:** | | **FORM VERIFIED BY:** | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Designation: |  | Designation: |  |

|  |  |  |
| --- | --- | --- |
| Eligible (Yes/No): | Reasons if not eligible: | |
| Interview date: | | Selected: (Yes/ No): |
| Joining date: | | Gross monthly salary: Rs. |
| **Appointing Authority:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp Signature | | |

**NOTE:** *The filled in form be mailed or deposited at the following address: Assistant Director (HR)*

HEAD OFFICE SINDH HEALTHCARE COMMISSION, 2ND FLOOR, BLOCK C, FTC BUILDING, SHAHRAH E FAISAL, KARACHI.

Phone No. 021-38656000, Helpline No. 0800-07422, UAN. 021-111-117-422