

Note: Please add additional sheets, if required for the following:

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

Sr. No.	Designation	Institution/Organization	From	To	Major Responsibilities	Nature of Employment/ Salary
						Govt. <input type="checkbox"/> Semi Govt. <input type="checkbox"/> Private <input type="checkbox"/> Monthly Salary _____

F. CERTIFIED TRAINING COURSES ATTENDED:

Sr. No.	NAME OF TRAINING	INSTITUTION	From	To

G. CERTIFIED TRAININGS IMPARTED:

Sr. No.	NAME OF TRAINING	INSTITUTION	From	To

H. SKILLS:

Sr. No.	DESCRIPTION	Institution where acquired

I. MAJOR PUBLICATIONS/RESEARCH WORK:

<i>Sr. No</i>	<i>Description</i>	<i>where published or not</i>

J. LANGUAGES:

<i>Sr. No</i>	<i>LANGUAGES</i>	<i>REDAING</i>			<i>WRITING</i>			<i>SPEAKING</i>		
		<i>Expert</i>	<i>Good</i>	<i>Basic</i>	<i>Expert</i>	<i>Good</i>	<i>Basic</i>	<i>Expert</i>	<i>Good</i>	<i>Basic</i>

K. ADDITIONAL INFORMATION YOU WISH TO ADD, (not covered above):

L. PROFESSIONAL REFERENCES:

<i>Sr. No</i>	<i>NAME</i>	<i>TITLE / DESIGNATION / ORGANIZATION</i>	<i>ADDRESS, CONTACT NO. & EMAIL</i>
1.			
2.			

M. WHEN CAN YOU JOIN, IF SELECTED: _____

N. 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:

D	D	M	M	Y	Y	Y	Y
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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:	1.	Selected: (Yes/ No):									
	2.										
Joining date:		Gross monthly salary: Rs.									
Appointing Authority:											
Name: _____											
Designation: _____											
Date:											
<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y	<p>Stamp _____</p> <p>Signature _____</p>	
D	D	M	M	Y	Y	Y	Y				

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