**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 certificate.***

Recent Photo

1 ½” x 2” (*Attested on front & back*)

***Copy of experience certificate(s).***



JOB APPLICATION FORM

**A. POST APPLIED FOR:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Chief Executive Officer (CEO)** |  | **Director** |

|  |  |  |
| --- | --- | --- |
| **B.** | **ADVERTISEMENT NO:** | **NEWSPAPER NAME** |

1. **PERSONAL INFORMATION**

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

1. **ACADEMIC QUALIFICATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Sr.***  ***No.*** | ***QUALIFICATION*** *\** | ***INSTITUTION*** | ***YEAR*** | | ***MAJOR SUBJECTS*** |
| ***from*** | ***to*** |
| *1.* |  |  |  |  |  |
|  |  |  |  |  |  |
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**Note:** Please add additional sheets, if required for the following:

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sr.***  ***No.*** | ***Designation*** | ***Institution/Organization*** | ***From*** | ***To*** | ***Major Responsibilities*** | ***Nature of Employment/ Salary*** | |
|  |  |  |  |  |  | Govt. Semi Govt. Private  Monthly Salary |  |
|  |
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1. **CERTIFIED TRAINING COURCES ATTENDED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Sr.***  ***No.*** | ***NAME OF TRAINING*** | ***INSTITUTION*** | ***From*** | ***To*** |
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1. **CERTIFIED TRAININGS IMPARTED:**

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| --- | --- | --- | --- | --- |
| ***Sr.***  ***No.*** | ***NAME OF TRAINING*** | ***INSTITUTION*** | ***From*** | ***To*** |
|  |  |  |  |  |
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1. **SKILLS:**

|  |  |  |
| --- | --- | --- |
| ***Sr.***  ***No.*** | ***DESCRIPTION*** | ***Institution where acquired*** |
|  |  |  |
|  |  |  |
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1. **MAJOR PUBLICATIONS/RESEARCH WORK:**

|  |  |  |
| --- | --- | --- |
| ***Sr.***  ***No*** | ***Description*** | ***where published or not*** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **LANGUAGES:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sr. No*** | ***LANGUAGES*** | ***REDAING*** | | | ***WRITING*** | | | ***SPEAKING*** | | |
| ***Expert*** | ***Good*** | ***Basic*** | ***Expert*** | ***Good*** | ***Basic*** | ***Expert*** | ***Good*** | ***Basic*** |
|  |  |  |  |  |  |  |  |  |  |  |
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1. **ADDITIONAL INFORMATION YOU WISH TO ADD, *(****not covered above****)*:**

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1. **PROFESSIONAL REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sr. 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:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

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: | | | | | |
|  |  |  |  | Stamp | Signature |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

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