**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 ofbirth: | 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. PrivateMonthly 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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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