



**FEDERAL MEDICAL & DENTAL COLLEGE ISLAMABAD**  
**MINISTRY OF NATIONAL HEALTH SERVICES,**  
**REGULATIONS & COORDINATION**

Photograph  
Passport  
Size

**APPLICATION FOR THE POST OF \_\_\_\_\_**

**PERSONAL INFORMATION:-**

- 1 Name of Candidate: \_\_\_\_\_
- 2 Father/Husband's Name: \_\_\_\_\_
- 3 Date of Birth: \_\_\_\_\_
- 4 CNIC No: \_\_\_\_\_
- 5 Telephone No: \_\_\_\_\_
- 6 Mobile No: \_\_\_\_\_
- 7 Nationality: \_\_\_\_\_
- 8 Religion: \_\_\_\_\_
- 9 Domicile (Province): \_\_\_\_\_
- 10 Domicile (District): \_\_\_\_\_
- 11 Postal Address: \_\_\_\_\_
- 12 Residential Address: \_\_\_\_\_
- 13 Permanent Address: \_\_\_\_\_

**ACADEMIC QUALIFICATION:-**

Degree	Year of Passing	Maximum Marks	Marks Obtained	Division/Grade	Board / University

**EXPERIENCE:-**

Name of Organization	Designation	From	To	Duties / Responsibilities

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate