

PROFORMA FOR RECRUITMENT OF
MEDICAL OFFICERS/WOMAN MEDICAL OFFICER
THE CHILDREN'S HOSPITAL & THE INSTITUTE OF CHILD
HEALTH, LAHORE.

Photo

Post Applied for with Specialty:- _____

Name:- _____

Father's Name:- _____

Date of Birth:- _____ Domicile:- _____

CNIC:- _____ Marital Status:- _____

Phone Residence:- _____ Cell No:- _____ Email:- _____

Permanent Address:- _____

Postal Address:- _____

PMDC Registration No. _____

PMDC Expiry Date: _____

Sr. No.		Year of Passing	Marks Obtained	Total Marks	Div/Grade	Name of Institution
1.	Matriculation					
2.	Intermediate					

MBBS:

	MBBS Professions					<i>Position in Board/University /Hafiz-e-Quran</i>
	Part-I	Part-II	II	III	Final	
Year of Passing						
Attempts						
Obtained Marks/Total Marks						
Division						

EXPERIENCE	<i>Name of Institution</i>	<i>Post Held</i>	<i>Duration</i>		<i>Total Exp. (Y-M-D)</i>
			<i>From</i>	<i>To</i>	
a) House Job					
b) MO/RMO					
d) Any Other Experience					

Signature of Applicant

(Note:- Please attach attested copies of i) Matric Certificate, ii) F.Sc., iii) MBBS along with individual results of all professionals, iv) Postgraduate degrees, v) CNIC, vi) Domicile Certificate, vii) Valid PMDC Certificate, viii) All experience certificates issued by Competent Authority (Head of Institution/MS), ix) Two recent photographs, x) Research work.