



**ARMED FORCES INSTITUTE OF UROLOGY RAWALPINDI**  
**APPLICATION FORM**

<b>Name (block letters)</b>				
<b>Father Name</b>				
<b>CNIC No</b>				
<b>Date of Birth</b>				
<b>Post Applied For</b>				
<b>Quota</b>				
<b>Gender</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>			
<b>Permanent Address</b>				
<b>Mailing Address</b>				
<b>Telephone No</b>				
<b>Cell No</b>				
<b>Email</b>				
<b>Employment Record</b>				
<b>Job Designation</b>	<b>Department</b>			<b>Period of Employment</b>
<b>Education</b>				
<b>Name of Institution</b>	<b>Year</b>	<b>Subject</b>	<b>Qualification</b>	<b>Grade/CGPA</b>
<b>Professional or other qualification</b>				<b>Year</b>

**Note:** Please enclose all required documents.  
Incomplete forms will not be entertained.

AFIU reserves the right to reject any candidate without assigning any reason.

**Declaration:**

I hereby stand committed to the above information provided by me as true and accurate and agree to accept the terms and conditions of this form.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_