



## ARMED FORCES INSTITUTE OF UROLOGY RAWALPINDI APPLICATION FORM

Name (block letters)				
Father Name				
CNIC No				
Date of Birth				
Post Applied For				
Quota				
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Permanent Address				
Mailing Address				
Telephone No				
Cell No				
Email				
Employment Record				
Job Designation	Department	Period of Employment		

### **Education**

Name of Institution	Year	Subject	Qualification	Grade/CGPA
Professional or other qualification				Year

**Note:** Please enclose all required documents.

Incomplete forms will not be entertained.

AIFIU 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: \_\_\_\_\_