



GOVERNMENT OF KHYBER PAKHTUNKHWA HEALTH DEPARTMENT

(Social Health Protection Initiative)

House No. 9-A, Rehman Baba Road, University Town, Peshawar



APPLICATION FORM FOR THE POST OF _____ Date: ____ / ____ / 2018

1. PERSONAL INFORMATION

Name (In full): _____

Father/ Husband Name: _____

CNIC

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Date of Birth: / ____ / ____ / ____ Age: _____

Email Address: _____

Phone No: _____ Cell No: _____

Postal Address: _____

FOR OFFICIAL USE ONLY

Academic Marks

Experience Marks

Training Marks

Total

Interview

Grand Total

2. ACADEMIC INFORMATION

Certificate/Degree	Degree Title	Institution Name	Year of Passing	Marks Obtained	Total Marks	Division/ CGPA
SSC						
HSSC/Equivalent						
Bachelors						
Bachelor (Hons)/Master						
MS/M. Phil						
PhD						
Other						



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3. EXPERIENCE / EMPLOYMENT HISTORY

Job Title	Organization Name	Starting Date	Ending Date	Duration (Year/Months/ Days)

4. TRAINING COURSES (Minimum 3 months)

Course Title	Institution Name	Starting Date	Completion Date	Duration (In months)

Signature of the Applicant

NOTE:

- 1) Application without the relevant documents, will not be acceptable.
- 2) All the documents should be attached in the following sequence:
 - a. Application Form
 - b. CNIC
 - c. Domicile
 - d. Academic Certificates
 - e. Experience Certificates
 - f. Training Certificates.
- 3) NOC must be provided, in case the applicant is a Government Servant.