



## MTI-KHYBER TEACHING HOSPITAL

Medical Teaching Institute

HUMAN RESOURCE

Job Application Form



### Personal Information

Application#:	0000023172
Apply Post For:	Dental Technician
Name:	Zia Ullah
Father Name:	Mujeeb Ullah
Postal Address:	Sriekh vc battagram shabqadar
Permanent Address:	Sriekh vc battagram shabqadar
CNIC:	17103-0448526-3
Date Of Birth:	03/04/2005
Birth Place:	Sriekh vc battagram shabqadar
Disability:	No
Disability Description:	
Marriage:	Single
Mobile Number:	03474822683
PMDC/PNC/PEC Registration No:	
Email:	zia4822683@gmail.com
Religion:	Islam
Domicile District:	CHARSADDA
Nationality:	Pakistani
Is Govt Servant?:	Yes
Starting Service Date:	01/01/2022
Next of Kin(Name):	Haleem
Next of Kin(Address):	Sriekh vc battagram shabqadar
Next of Kin(Mobile):	03300917968
Next of Kin(Relation):	cousin



### Education

Degree Title	Start Date	End Date	Board/Uni	Obtain Marks	Total Marks	Division	Grade	Distinction
MATRICULATION	22/07/2018	22/07/2020	BISE Peshawar	658	1100	Second	C	
diploma Of dental technicain	10/03/2020	30/12/2022	Khyber Pakhtunkhwa Medical Faculty Peshawar	907	1450	Second	B	

# Experience

Job Title	Nature of Job	Starting Date	Ending Date	Organization	Responsibilities
Dental Technician	Temporary	01/01/2022		Dr. Mubah Sabdar & Associates	Assisting me during dentistry , oral & maxillofacial surgen procedyres. Sterilizing dental instruments and equipments. Providing chairside Assistance. Maintanining cleanliness and hygiene in dental clinic

# References

Refree Name	Designation	Organization	Relation	Mobile
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## Additional Details:

- Were you ever dismissed or asked to leave your job? Yes No
- Can we approach your present employer? (If any) Yes No
- Have any criminal charges being brought against you? Yes No

## Check list for applicant:

Please attach copies of the following documents:

1. One copy of Computerized National Identity Card.
2. One color photograph.
3. Copies of educational documents.
4. Copies of experience Certificates.
5. Copies of DMCs
6. Copy of CV/Bio-Data.
7. Passport Photocopy if CNIC is not available
8. Domicile Certificate
9. Other (Please specify)
10. Please attach original bank challan

## Instruction:

This application form, duly completed should be submitted to the Human Resources Department, MTI-KTH, University Rd, Rahat Abad, Peshawar, Khyber Pakhtunkhwa on or before the due date along with: - -

- i. Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.
- ii. Incomplete application forms (without Bank Drafts) and those received after the due date will not be entertained.
- iii. Applications must be accompanied with the processing fee and the form of crossed and valid bank draft amounting to **Rs. 500/-** (Non-refundable) in favor of Hospital Director KTH fund Account, or for online deposit, KTH fund account bearing No. **PK15 KHYB 0121 0030 0311 6602, Bank of Khyber**, KTH Branch, Code No: **0121**, Peshawar.

## Declaration:

I hereby declare that all the entries in this application form (documents), all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that incomplete form will be sufficient ground to reject my job application form.

Name & Signature of the Candidate

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Date

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