



UNIVERSITY OF HEALTH SCIENCES LAHORE

**KHAYABAN-E-JAMIA PUNJAB LAHORE
Ph: No. (Off) 042-9231304-9 Fax No. 042-9230870**

Please affix 4
Photographs
attested from
backside. (4x4)

**APPLICATION FORM FOR JOB IN UHS JINNAH CAMPUS KSK
(DAILY WAGES)**

Post Applied for:- _____

Advertisement Reference:- _____ Dated:- _____

Name & Father's Name:	
Postal Address	
D.O.B & Age	
Domicile	
Cell Number	
CNIC	
Gender	
Marital Status	
Current / last working place	
Email	
Religion	

DEGREE:

Sr. No.	Degree	Obtained	Total	Percentage	Attached or not Attached
1.					
2.					
3.					
4.					

ADDITIONAL QUALIFICATION / DIPLOMA / CERTIFICATE

1.				-	
2.					
3.					

EXPERIENCE (IF ANY):

Sr. No.	From	To	Post	Department & Institution	Duration	Experience Certificate Attached Or Not
1.						
2.						
3.						
4.						
5.						
6.						
Total Experience			Total Years Months			

I hereby affirm that all the information provided by me in this form is true to the best of my knowledge and belief, and no material has been concealed or withheld herein.

Applicants Signature

Dated _____

Check List

- Have you filled all filled all relevant columns?
- Enclosed attested / certified copies of academic transcripts (*including certified translation if necessary*)
 - Intermediate Certificate
 - Bachelor
 - M.Phil
 - Matriculation Certificate
 - Or equivalent
 - M.Sc.
 - Or equivalent
 - Or equivalent
- Enclosed certificate of experience from the employer.
- Enclosed a letter of permission from the employer (*for employees only*).
- Enclosed a certificate of good moral character.
- Enclosed an attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.