



**MEDICAL TEACHING INSTITUTION**  
**Khyber Institute of Child Health and Children Hospital**  
**Phase-V Hayatabad Peshawar**



**MTI-KICH & Children Hospital APPLICATION FORM FOR EMPLOYMENT**

<b>Advertisement Date</b>			
<b>Job Applying Institute</b>	<b>Khyber Institute of Child Health Children Hospital Hayatabad Phase-V Peshawar</b>		
<b>Bank Name</b>		<b>Branch</b>	
<b>Account Title</b>		<b>Account Number</b>	
<b>Deposit Slip Number</b>		<b>Deposit Slip Date</b>	

- ATTACH**  Attested photocopy of CNIC.
- 2 attested (passport size) photographs.
  - Attested Photo copies of all necessary documents like Degree, certificates, experience certificate, domicile, License (PNC,PEC,PMC)
- NOTE**  Bring your original documents at the time of interview.
- All information fields are mandatory (INCAPITALLETTERS). Incomplete form shall not be entertained.
  - If any fields irrelevant ,marks N/A.

ATTACH  
Passport size  
(2Photos)

**Please Fill up in BLOCK letters**  
**(Only one position can be applied for perform)**

<b>Date</b>	<b>Position Applied For</b>				
<b>First Name</b>			<b>Last Name</b>		
<b>Gender</b>			<b>Marital Status</b>		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Single	Married	Other	
<b>Fathers Name</b>			<b>Spouse Name</b>		
<b>Nationality</b>	<b>Date of Birth</b>	<b>Religion</b>	<b>Blood Group</b>		
<b>CNIC No.</b>			<b>Domicile</b>		
<b>Contact Information</b>					
<b>Residence Phone No.</b>			<b>Cell No.</b>		
<b>Office Phone No.</b>			<b>Fax No.</b>		
<b>Office E-mail</b>			<b>Personal E-mail</b>		



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**Permanent Address (For Postal & Communication Please)**

Country	Province
District	City
<b>Address Details</b>	

**Next of Kin**

Name	Relation
Phone No.	Cell No.
Address	

**Education (Highest Degree First)**

Degree	Institute	Marks Obtained	Grade	%Age	Passing Year	Board/University

**Professional Information (PM&DC, PNC, CPSP, PEC etc.)**

Type	Professional Body	Number	Issue Date	Expiry Date



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**Research Publication (If any use additional pages in case of more publications)**

<b>Employment History (Most Recent First)</b>						
1.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
2.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
3.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
4.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason
5.	Organization Name		Designation			
	Email	Phone No.	Last Salary	From	To Date	Leaving Reason



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Are you currently employed? Please (√) the box Yes  No

Are you currently under any Govt. service? Please (√) the box Yes  No  Provide NOC

Can we approach your current employer?  
 Please (√) the box Yes  No

Do you have any criminal record?  
 Please (√) the box Yes  No

If yes; please provide details


Do any of your relatives/acquaintances currently work at KICH & CHILDREN HOSPITAL?

Please (√) the box Yes  No

If yes, please provide details

RFID Number	Name	Designation	Department

**Languages**

	Read	Write	Speak
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**References**

Name	Organization/Department	Designation	Contact No.	E-mail

Disabilities (if any) Yes  No

If yes, please specify


I certify that the above information is correct to the best of my knowledge. In case of any wrong declaration, I will be liable for any consequences including dismissal without notice.

**Thumb Impression** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

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



### FOR OFFICIAL USE ONLY

Application status after Scrutiny: 

Eligible		Not Eligible	
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Remarks (if any): \_\_\_\_\_

Signature of scrutiny Committee: \_\_\_\_\_

### FREQUENTLY ASKED QUESTIONS(FAQs)

**Q. I am interested in applying for more than one position. Do I need to complete a separate application for each position?**

A. Yes, a separate form is required for every position.

**Q. Am I required to follow up on my application?**

A. No, once your application is received and found suitable for the position, you will be contacted by the HR Department.

**Q. How I will be informed if short listed?**

A. We inform candidates via *office order, telephone* and *email*.

**Q. Does KICH & CHILDREN HOSPITAL give TA/DA to applicants?**

A. NO TA/DA is permissible.

**Bank's Copy**

**Khyber Institute of Child Health & Children Hospital  
ALLIED BANK  
Account No. 0854-0010005158340017**

Challan No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank branch, code: \_\_\_\_\_  
and City

Name of candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Advertisement No. & date: \_\_\_\_\_

Post applied for: \_\_\_\_\_

Processing fee: Rs.2000/- (Rupees Two Thousand only)  
(IBT charges will be applicable)

**For Bank use only**

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

**Signature  
Treasury  
Officer/  
Bank  
Officer with**

**Candidate's Copy**

**Khyber Institute of Child Health & Children Hospital  
ALLIED BANK  
Account No. 0854-0010005158340017**

Challan No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank branch, code: \_\_\_\_\_  
and City

Name of candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Advertisement No. & date: \_\_\_\_\_

Post applied for: \_\_\_\_\_

Processing fee: Rs.2000/- (Rupees Three Thousand  
only) (IBT charges will be applicable)

**For Bank use only**

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

**Signature  
Treasury  
Officer/  
Bank  
Officer with**

**KICH's Copy**

**(To be attached with the application)  
Khyber Institute of Child Health & Children Hospital  
ALLIED BANK  
Account No. 0854-0010005158340017**

Challan No. \_\_\_\_\_ Date: \_\_\_\_\_

Bank branch, code: \_\_\_\_\_  
and City

Name of candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Advertisement No. & date: \_\_\_\_\_

Post applied for: \_\_\_\_\_

Processing fee: Rs.2000/- (Rupees Three Thousand only)  
(IBT charges will be applicable)

**For Bank use only**

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

**Signature  
Treasury  
Officer/  
Bank  
Officer with**