



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



MTI-KICH & Children Hospital APPLICATION FORM FOR EMPLOYMENT

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

- 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)

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



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Permanent Address (For Postal & Communication Please)

Country	Province
District	City
Address Details	

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)

Employment History (Most Recent First)						
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



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 Two 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 Two Thousand only)
(IBT charges will be applicable)

For Bank use only

Date: _____

**Signature
Treasury
Officer/
Bank
Officer with**