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 been 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 ☐	Female ☐	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**

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

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	

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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			
Urdu			
Pashto			

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 USEONLY

Application status after Scrutiny:	Eligible		Not Eligible	

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.500/- (Rupees Five Hundred Only)
(IBT charges will be applicable)

For Bank use only

Date: _____

Signature Treasury Officer/ Bank Officer with

Note: Fee is acceptable in any ABL Branch

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.500/- (Rupees Five Hundred Only) (IBT charges will be applicable)

For Bank use only

Date: _____

Signature Treasury Officer/ Bank Officer with

Note: Fee is acceptable in any ABL Branch

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.500/- (Rupees Five Hundred Only)
(IBT charges will be applicable)

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