



Rs. 300/-

AYUB MEDICAL COLLEGE

ABBOTTABAD – PAKISTAN

Application Form for the Post of

Photograph

- _____
- Name _____
 - Father Name _____
 - National Identity Card No. _____
 - Gender: _____
 - Marital Status: _____
 - Permanent address _____

 - Postal Address _____

 - Contact No. _____
 - Date of Birth _____
 - Domicile District _____
 - Qualification**

S.No.	Examination	Passing Year	Marks Obtained	Total Marks	School/Board/University
I.	Matric				
II.	Intermediate				
III.	Graduation				
IV.	Masters				
V.	Diploma of Electrical Engineering (for post of Electrician only)				

12. **Experience**

S.No.	Designation	Organization Name	Period From	Period To	Total Experience in Year--- Months --- Days
I.					
II.					
III.					
IV.					

(For Post of Driver Only)

- Driving License _____ Yes / _____ No
Category HTV
- Driving License _____
Expiry Date _____

Dated: _____

Signature _____