**APPLICATION FORM – FINANCE DIRECTOR**

**Name of Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_: AGE\_\_\_\_\_Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Qualification:**(please attach attested copies of the educational credentials)

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| --- | --- | --- | --- |
| **S/No.** | **Name of Degree/Diploma** | **Passing year** | **Institution/University** |
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**AdditionalQualification/Certification**

(Must be a recognized additional qualification in the field of Finance & Accounts)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Name of course/training/****certification** | **Duration of course** | **Year qualified** | **Institute** |
|  |  |  |  |  |
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**Professional Experience:**

* (A chartered accountant with 05 years' post qualification experience in finance and/or accounts in a major private or public company / Institution OR
* ICMAP certification or a Master’s degree in finance or accounts, with 08 years’ post qualification experience in finance and/or accounts in a major private or public company/Institution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Name of institution/Hospital** | **Designation** | **Duration****from / to**  | **Total experience months/year** |
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\* Please mention in designation section, Head of Finance Department or Deputy Head of Finance Department or the position held is below these two designations.

**National /International Recognitions of Excellence**(Awards from professional societies):

**Presentation in national/international conferencespertaining to Financial Management: functions:**(attach evidence/certificate of presentation)

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**Note: Please attach the photocopies of all educational/Qualification and experience claimed.**

Please use additional sheet if required

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| --- | --- | --- | --- |
| **S.No.** | **Particulars**  | **Attached Yes/No** | **No. of Pages** |
| 1 | Application Form |  |  |
| 2 | Cover Letter |  |  |
| 3 | CV |  |  |
| 4 | Educational Degrees |  |  |
| 5 | Additional Educational qualification/Certification |  |  |
| 6 | Experience Certificates |  |  |
| 7 | Recognition of excellence certificates(Award from Professional Societies) |  |  |
| 8 | Certificates of presentation if any |  |  |

**Declaration**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the information I provided in my CV and application form for the post of Finance Director, Medical Teaching Institute (ATH,AMC) Abbottabad is correct and that I have never been involved in any ethical or professional misconduct.**

**My application may be rejected at any point during or after the process if my professional educational or experience documents are found to be fraudulent. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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