**Name of Candidate: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC No: \_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_ : AGE \_\_\_ years \_\_\_ months, Contact No: \_\_\_\_\_\_\_**

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

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

**Education & Qualification:**

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

**Additional Qualification/Certification**

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

**Professional Experience:**

(Experience has to be for heading a unit (division, department or program) in a recognized hospital Up to seven years administrative and teaching experience, and Current Nursing Registration)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Name of institution/Hospital** | **Designation** | **Duration** | **Type of hospital** |
|  |  |  |  |  |
|  |  |  |  |  |

**Research**

1. Publications, 2. Presentation, 3. Journal editor, 4. Journal Reviewer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Description** | **Published in, / presentation/ Journal etc** | **Reference**  | **Remarks if any**  |
|  |  |  |  |  |

**Teaching**

a) Undergraduate b) Post graduate c) Teaching awards

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No.** | **Name of institution** | **Designation** | **Duration** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the information I provided in my CV and application form for the post of Nursing Director, Ayub Medical Teaching Institute (AMC, ATH) 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**