



# KHYBER COLLEGE OF DENTISTRY PESHAWAR

MEDICAL TEACHING INSTITUTION

## Job Application Form

**ATTACH**

- Attested photocopy of CNIC.
- 2 attested (passport size) photographs.
- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- Original Bank Draft / Deposit slip

**Attach**  
2 x Passport  
Size  
Photographs

(To be filled in CAPITAL letters)

**Post Applied for** \_\_\_\_\_

Bank Draft/Deposit Slip No: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

1. **Applicant's Name:** \_\_\_\_\_

2. **Father/Husband Name:** \_\_\_\_\_

3. **Date of Birth:** \_\_\_\_\_  
(dd / mm / yyyy)

4. **Domicile:** \_\_\_\_\_  
(Distt. /Agency name)

5. **Nationality:** \_\_\_\_\_

6. **CNIC / Passport No.:** \_\_\_\_\_

7. **Religion:** \_\_\_\_\_

8. **Blood Group:** \_\_\_\_\_

9. **Contact No. (Primary):** \_\_\_\_\_

10. **Contact No.(Secondary):** \_\_\_\_\_

11. **Email address:** \_\_\_\_\_

10. **Permanent Home Address:** \_\_\_\_\_

11. **Mailing Address:** \_\_\_\_\_

12. **Next of Kin (Name):** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

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

**13. EDUCATIONAL QUALIFICATION** (Starting from the recent one):

| S# | Degree /Diploma/<br>Certificate | Name of Institution /<br>University / Board | Date of Issuance | Marks<br>(Obtained/Total) | Grade/Div/CGPA |
|----|---------------------------------|---|------------------|---------------------------|----------------|
| 1  |                                 |   |                  |                           |                |
| 2  |                                 |   |                  |                           |                |
| 3  |                                 |   |                  |                           |                |
| 4  |                                 |   |                  |                           |                |
| 5  |                                 |   |                  |                           |                |



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14. PROFESSIONAL COURSES / TRAINING etc. (If any):

| S# | Course/Training Title | Institute Name | From Date | To Date | Duration |
|----|-----------------------|----------------|-----------|---------|----------|
| 1  |                       |                |           |         |          |
| 2  |                       |                |           |         |          |
| 3  |                       |                |           |         |          |

15. RESEARCH

| S# | Title | DATE | JOURNAL NAME | AUTHORSHIP |
|----|-------|------|--------------|------------|
| 1  |       |      |              |            |
| 2  |       |      |              |            |
| 3  |       |      |              |            |
| 4  |       |      |              |            |
| 5  |       |      |              |            |
| 6  |       |      |              |            |
| 7  |       |      |              |            |
| 8  |       |      |              |            |
| 9  |       |      |              |            |
| 10 |       |      |              |            |

16. Professional Registration / Licenses (PMC, PNC, CPSP, PEC etc.)

| S# | Professional Body | Number | Issue Date | Expiry Date |
|----|-------------------|--------|------------|-------------|
| 1  |                   |        |            |             |
| 2  |                   |        |            |             |

17. EXPERIENCE (Starting from Recent/current job):

| S# | Designation/ Post | Name of Organization | From Date | To Date | Total Experience | Reason for Leaving |
|----|-------------------|----------------------|-----------|---------|------------------|--------------------|
| 1  |                   |                      |           |         |                  |                    |
| 2  |                   |                      |           |         |                  |                    |
| 3  |                   |                      |           |         |                  |                    |
| 4  |                   |                      |           |         |                  |                    |



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**18. LANGUAGES:**

| S# | Language | Read | Write | Speak |
|----|----------|------|-------|-------|
| 1  |          |      |       |       |

**19. Give Three Referee Names** (Only Professional or Educational References are required):

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 No. of Years of Acquaintance: \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 No. of Years of Acquaintance: \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 No. of Years of Acquaintance: \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**20. Disability (If any):** [Please (v) the box]     Yes     No

If Yes, Please specify: \_\_\_\_\_

**21. Depression/Psychiatric Problem (If any):** [Please (v) the box]     Yes     No

If Yes, Please specify: \_\_\_\_\_

**22. Do you have any criminal record?** [Please (v) the box]     Yes     No

If Yes, Please specify: \_\_\_\_\_

**23. Drug addiction (Heroin, Cocaine, Ice etc):** [Please (v) the box]     Yes     No

**24. Checklist of required documents attached**

| S# | Name of Document     | Attached<br>(Please tick if attached) | Not Applicable<br>(Please Tick if not applicable) | Page No.<br>(Write page number on the top right corner of the attached documents) |
|----|----------------------|---------------------------------------|---|---|
| 1  | CNIC                 | <input type="checkbox"/>              | <input type="checkbox"/>                          |   |
| 2  | Domicile Certificate | <input type="checkbox"/>              | <input type="checkbox"/>                          |   |



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|    |  |                          |                          |  |
|----|--|--------------------------|--------------------------|--|
| 3  | Matric Certificate                     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4  | Matric DMC                             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 5  | Intermediate Certificate               | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6  | Intermediate DMC                       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 7  | Bachelors/Graduation Degree            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8  | Bachelors/Graduation<br>DMC/Transcript | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9  | Master Degree                          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10 | Master Degree DMC/ Transcript          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11 | M. Phil /MS Degree                     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12 | MPhil/MS DMC /Transcript               | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13 | PhD Degree                             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 14 | Post Doctorate Certificate             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 15 | Relevant Experience Certificate        | <input type="checkbox"/> | <input type="checkbox"/> |  |

- Attached Additional Sheet (if required)

**25. Applicant's Declaration:** I, Mr./Ms \_\_\_\_\_, hereby solemnly affirm that the information given above are true, correct and that nothing has been concealed. If any information were proven to be untrue/ concealed, I will be liable to punishment in the form of termination/cancellation of appointment and further disciplinary actions.

**Note:**

- Job Applications, duly filled, are only accepted against the advertised posts.
- Incomplete Applications are not acceptable.
- Job Application submitted after closing date will not be entertained
- Candidates will be contacted through given contact numbers or email.
- Only Shortlisted Candidates will be contacted for Test/interview.
- Kindly bring your original documents at the time of interview.
- If any fields irrelevant, mark as N/A.