



OFFICE OF THE ASSOCIATE DEAN (POSTGRADUATE)
NOWSHERA MEDICAL COLLEGE MTI NOWSHERA

Application form for MCPS

PHOTO

Applied For _____

Instruction: This application form, duly completed should be submitted to the Associate Dean PG NMC, Nowshera on or before the due date along with attested photocopies of documents.

- *Incomplete application forms and those received after the due date will not be entertained.*
- *Application To Be Considered Must Be Accompanied With Rupees 1000/- (Non Refundable As Processing Fee).*

1. Name (in block letters) _____
2. Father's Name _____
3. Address and other particulars:
 - i. For correspondence (interview call)
.....
Mobile Ph. No.
 - ii. E-Mail Address Gender.....
 - iii. Domicile v. Nationality
 - vi. Marital Status vii. Date of Birth
4. Education: Commencing from the Matriculation or Equivalent Examination.

S. No	Certificate/ Degree	Name of Board/ University	Exam. With year of passing	Division/ Distinction																		
1.	Matric																					
2.	F.A /F.Sc																					
3.	MBBS																					
		<table border="1"><thead><tr><th>Exam</th><th>Obtained</th><th>Total</th></tr></thead><tbody><tr><td>1st Prof.</td><td></td><td></td></tr><tr><td>2nd Prof.</td><td></td><td></td></tr><tr><td>3rd Prof.</td><td></td><td></td></tr><tr><td>Final Prof.</td><td></td><td></td></tr><tr><td>Total</td><td></td><td></td></tr></tbody></table>	Exam	Obtained	Total	1st Prof.			2nd Prof.			3rd Prof.			Final Prof.			Total				
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2nd Prof.																						
3rd Prof.																						
Final Prof.																						
Total																						

5. Employment Record (Starting from the present position):

S. No	Name of Institute/ Organization	Designation /BPS	Period From _TO	Total period of experience	Nature of Job (Permanent/ Temporary)

List of attested documents attached.

Page No.

- i. Bio-data _____
- ii. Matric (S.S.C.) _____
- iii. Intermediate (F. Sc.) _____
- iv. MBBS Degree _____
- v. DMC/ Academics Certificates(MBBS) _____
- vi. PM&DC full Registration of MBBS _____
- vii. Experience Certificates _____
- viii. Domicile Certificate _____
- ix. C.N.I.C _____
- x. Research Papers _____

I hereby declare in state of conscious that all the entries in this application form, all the additional particulars (if any) furnished alongwith it, are true to the best of my knowledge and belief.

Name & Signature of the Candidate

Dated: ___/ ___/ 2023

Committee Remarks:
