APPLICATION FORM FOR POST-GRADUATE TRAINEES

Choice/Priority of Specialty (Please write name of each specialty as per order of your priority) (Only Sub Specialties of the concerned specialty should be written)	**Name of Specialty Applied**	**Priority**	Photograph
	1. _____		
	2. _____		
	3. _____		
	4.		

Choice/Priority of Training Institute (Please write your priority of Institutions as per order of your priority 1and 2 from the list of Institutions)	**Name of Institute**	**Priority**
	1.	
	2.	
	AIMS Mzd , SKBZ/CMH Mzd, SKBZ/CMH Rawalakot , Div. HQ Teaching Hospital Mirpur , Outside AJ&K	

S.#	**Basic Profile**					
1.	Name of Applicant					
2.	S/O,D/O					
3.	Age					
4.	Date of birth	Day Month Year				
5.	Sex	Male ☐ Female ☐				
6.	CNIC #					
7.	District of domicile					
8.	Are you a refugee 1947/1989 settled in Pakistan?	Yes ☐ No ☐				
9.	Complete Address					
10.	Contact info	**Personal:** **Home:**				
11.	Email address					
Academic Qualification						
12.	Date of Graduation (MBBS/equivalent qualification)	Day Month Year				
13.	Name of Institute					
14.	Status of institute	Public Sector ☐ Private Sector ☐				
15.	If Public Sector did you graduate on self-finance?	Yes ☐ No ☐				
16.	Marks obtained in each Professional exam	**Marks Obtained**	**Marks Obtained**	**Total Marks**	**No of attempts**	**%age**
		1st Prof				
		2nd Prof				
		3rd Prof				
		4th Prof				
		Final Prof				
		Grand Total				

17.	Distinction in university exams (MBBS/equivalent qualification) Mention maximum 02 distinctions	**Distinction**	**Subject**	**Year**	
		1.			
		2.			
18.	Status of Employment	Government Employee ☐	Not a Government employee ☐		
19.	Nature of employment	Permanent ☐ Adhoc ☐ Contractual ☐ Others (please specify) ☐ _____			
20.	NOC Obtained in case of permanent Government Employee/ Contract /Adhoc	Yes ☐	No ☐		
21.	**Professional Experience** : Start from recent most posting and then move back. Clearly mention name of institute Teaching institute/DHQ/THQ RHC/BHU/Others **Note: Please attach Appointment letters/ experience certificates duly signed/verified by MS, Commandant or DHO.**	**Name of institute**	**Start date**	**End Date**	**Total Period**
22.	Were you enrolled in any post-graduation program previously by department of Health AJK?	Yes ☐	No ☐		
	If Yes	**Name of Specialty**	**Reasons of leaving the program**		
23.	**Current Status regarding PG Training in AJK Health Department if paid If Paid**	Yes ☐	No ☐		
Publications					
24.	Do you have any publication in HEC/PM&DC/PMC Recognized Journal? (Your name must be included in First 6 authors)	Yes ☐	No ☐		
25	Detail of Publications (Maximum 5)	**No. of Publications**	**Link of Article/Articles Published**		
		1			
		2			
		3			
		4			
		5			
26	Affidavit (should be submitted)	Yes ☐	No ☐		
27	Surety bond (as given in term & conditions of advertisement)	Yes ☐	No ☐		

NOTE: Please provide attested copies of all relevant documents as per advertisement.

Signatures of candidate