

APPLICATION FORM

For the post of

LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES JAMSHORO
SINDH, PAKISTAN



HUMAN RESOURCES DEPARTMENT

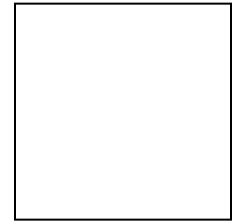
APPLICATION PROCEDURE

- Prescribed application forms are obtainable from the office of the Registrar LUMHS Jamshoro, on payment of **Rs.500-** (Non refundable) for each post, through a Bank Challan payable in National bank of Pakistan LUMHS Branch Jamshoro, or Pay Order / Bank Draft.
- Application form with full particulars along with three photographs, TWO SETS of attested photocopies of documents such as Academics & Experience certificates, Valid PM&DC Certificate, Experience Certificate from PM&DC, Islamabad including Research Papers/ Publications, Domicile, PRC and CNIC should reach the undersigned on or before **Saturday, February 27, 2010.**
- The required documents are to be submitted at the time submission of application form and no further communication regarding short of documents will be made after due date. Application (s) on plain paper and/ or only CV will not be entertained.
- Applicants who are already serving in Government/Semi-Government/ Autonomous Bodies should apply through proper channel accompanied by N.O.C from the employer:
 - An advance copy of the application form (s) may be sent within due date
 - Age / experience can be relaxed in exceptional cases
 - Only short listed candidates will be called for written test/ interview
 - University reserves the right to reject any or all the applications. Incomplete application (s) in any manner shall not be entertained
 - Canvassing in any manner will disqualify a candidate
 - University reserves the right to reject any or all the applications
 - No T.A / D.A will be paid for appearing in written test / interview
 - University reserves the right of cancellation of advertised post (s) partly or as a whole.

LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES, JAMSHORO



APPLICATION FORM FOR THE POST OF



Newspaper. ----- Advertisement No. & Date. -----
 Fee Paid Rs. ----- Challan/ Draft/Pay Order No. ----- Dated -----

1. **NAME IN FULL** (Block Letters): _____
2. **FATHER'S NAME:** _____
3. **MAILING ADDRESS:** _____

4. **PERMANENT ADDRESS:** _____
5. **TELEPHONE NO. (Res.):** _____ (Off.) _____ (Mobile) _____
6. **DATE OF BIRTH** (dd/mm/Year): _____
7. **SEX** (Tick) Male Female
8. **MARITAL STATUS:** _____
9. **PLACE OF BIRTH:** _____
10. **DOMICILE/ PROVINCE:** _____
11. **RELIGION:** _____
12. **NATIONALITY:** _____
13. **PMDC Reg: #** _____ **Valid upto** _____
14. **PRACTICAL EXPERIENCE RECOGNIZED BY PMDC** _____ (years) _____ (months) _____ (days)
15. **TEACHING EXPERIENCE RECOGNIZED BY PMDC** _____ (years) _____ (months) _____ (days)
16. **COMPUTERIZED NATIONAL IDENTITY CARD #** _____

17. ACADEMIC BACKGROUND:

QUALIFICATION/ DEGREE	NAME OF BOARD/ UNIVERSITY	YEAR OF PASSING	GRADE/ DIVISION	MAJOR SUBJECTS

**21. ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS/ CERTIFICATES
ARE SUBMITTED WITH THE APPLICATION FORM**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____

- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____

22. DECLARATION.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

Signature: -----

Dated: -----

Place: -----

PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES.
ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY.

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

Father: _____

Address: _____

Tel. _____

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

Father: _____

Address: _____

Tel. _____

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

Father: _____

Address: _____

Tel. _____

Name: _____

Father's Name: _____

Address: _____

Tel. _____

Name: _____

Father: _____

Address: _____

Tel. _____