



BANNU MEDICAL COLLEGE MTI BANNU

Phone: 0928-9270356 Fax: 0928-9270358

Picture

APPLICATION FORM FOR THE POST OF _____

Name (in block letters) _____

Father name: _____

Date of Birth: _____ Gender: _____

Domicile: _____

CNIC No. _____ Nationality: _____ Religion: _____

Permanent Address: _____

Mailing Address: _____

Mobile No. _____ Phone No. _____

Email Address: _____

Bank Draft receipt No. & Date: _____

Qualification (Start from SSC, HSSC, BA, BSc, BS (Hons), MA, MSc or MBBS Academic Professional Exam Record)

Certificate/degree	Passing year	Board/University	Marks obtained/ Total Marks	Marks Percentage	Division/grade

Experience (if any)

S#	Post held	Institution	Duration				
			From	To	Years	Months	Days

Signature of applicant: _____ Dated _____