

INFORMATION OF CANDIDATES
PUNJAB HEALTH FACILITIES MANAGEMENT COMPANY (PHFMC)
 PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

Sr. No:

Name: _____ Son/Daughter of: _____

Post Applied for: _____ CNIC: _____

Facility Applied in _____ Date of Birth: _____ Age in years: _____

Cell No: _____ Domicile _____

Disability: Yes: No: Disability Type: _____ Disability Certificate Attached: Yes: No:

Hafiz-e-Quran (Attested from Wafaq-ul-Madaris): Yes No: Minority: Yes: No:

Position in Board / University (1st, 2nd or 3rd): _____ Email ID: _____

Postal Address: _____ City: _____

Permanent Address: _____

ACADEMIC INFORMATION:

Certificate / Degree Level	Name of the Degree	Month & Year of Passing	Obtained Marks /CGPA	Total Marks/ CGPA	Division 1 st , 2 nd , 3 rd	Per. %	Grade	Board/ University /Institute	Result Declaration Date
Matric (10 Years)									
Intermediate (12 Years)									
Bachelor (14 Years)									
Bachelor (Hons.)/Master (16 Years)									
MS/ M.Phil. (18 Years)									
Diploma/ Certificate									

EMPLOYMENT RECORD:

Sr. No.	ORGANIZATION / EMPLOYER NAME (DESCENDING ORDER)	JOB TITLE	JOB DURATION WRITE ONLY MONTH & YEAR	
			From	To
01				
02				
03				
04				

Total Job Experience as on closing date of application: _____
 No. of Documents Attached:

Years Month Days

Date: _____

Applicant's Signature: _____

- Candidate will attach (Passport Size) picture.