

HOUSE JOB APPLICATION FORM

Independent University Hospital
Teaching Hospital



Name:		Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Address:				
Email:		Ph:		
CNIC:	<input type="text"/>	-	<input type="text"/>	- <input type="text"/>

Year	Institute	Qualification	Marks	Award

Submit application along with attested copies of the following:

1. 04 Passport size pictures
2. CNIC
3. Result card of all professional
4. Provisional certificate from College
5. PM & DC Certificate

Applicant's Signature: _____

Date: _____

For Office Use Only	
Select for post of: _____	Signature of Admin Office
Selected by: _____	
Proposed Salary: _____	Signature of Chairman
Remarks: _____	