



Sohail University
Jinnah Medical & Dental College
 a constituent College

2"x1.5"

APPLICATION FORM

Diploma in Child Health

PERSONAL RECORD

Name: (In Block Letters)					Father / Husband Name:					
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Religion	<input type="text"/>
Nationality:					Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
CNIC No:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Domicile		Place of Birth		
Postal Address:						Phone No:				
Email:						Mobile No:				

QUALIFICATION DETAILS

ACADEMIC QUALIFICATION	INSTITUTE	PASSING YEAR	GRADE / PERCENTAGE	BOARD / UNIVERSITY
Matric				
Intermediate				
PROFESSIONAL QUALIFICATION	INSTITUTE	PASSING YEAR	GRADE / PERCENTAGE	BOARD / UNIVERSITY

EXPERIENCE DETAILS

S #	Period	Institute	Designation	Start Date	End Date

PMDC / OTHER REGISTRATION DETAIL

PMDC #	<input type="text"/>	Registration Date: (DD/MM/YYYY)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	Valid Upto: (DD/MM/YYYY)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

Date _____

Applicant's Signature _____

Remarks: (for Office Use Only)

Departmental Approval _____

REQUIREMENTS:

Submit your application form with following documents:

- Copy of educational certificates / degrees.
- Copy of CNIC.
- PMDC registration (if applicable).
- Passport size photograph.

FORM SUBMISSION DETAILS:

- Download the form.
- Print and fill the form.
- Attach the documents as required.
- Submit the form to HR Department, Jinnah Medical College Hospital.

Address: SR-6, Sector 7-A, Korangi Industrial Area, Karachi.

Tel number: 021-35071856-8, Ext. 230
021-34931886-9, Ext. 223