

## Application Form National Institute of Health, Islamabad Application for the post of\_\_\_\_\_

1. Personal Inform	ation (In Block Letter)									
Name (in Full):										
Father's Name:										
Domicile:										
CNIC/B-Form:									Passport size Recent Photographer Affix with Gum	
Age: Date of Birth (D-M-Y) Marital Status:								-		
Postal Address:										
 Phone #:	Cell #:									
				t'				. 4.2		
Certificate/Degree	Degree Title	mplete academic information, Your Major Subjects			Ye	Year of Marks Passing Obtained		Total	Institution Name	
SSC (10 years)						1351115	obtainet			
HSSC / DAE / A-Level (12 / 13 years)										
Bachelor (14 years)										
Bachelor (H) / Master (16 years)										
MS / M.Phil. (18 years)										
PhD										
<b>Other</b> (Diploma / Certificate)										
	r <b>mation</b> (Note: If you need m				ation, y					
Organization Type	Organization Name		Designation			Job Description		Start Date	End Date	
(Government / Semi Government	(Name of the Organization /	Dept.)		Designation Position	/			(Starting Dat	e) (End Date)	

## **Instructions:**

- i. Application must reach before last date of submission of application form.
- ii. National Institute of Health, Islamabad will not be responsible for late receiving of application through courier / Pakistan post etc.
- iii. Attach your recent photograph, CNIC copy alongwith academic documents.
- iv. In-complete forms will not be entertained. (All the fields are mandatory).

Administrative Officer National Institute of Health Park Road Chakshahzad, Islamabad