

APPLICATION FORM
CIVILIAN MEDICAL PRACTITIONER (CMP)

Photograph
(Passport Size)

Name of Applicant: _____

Father's Name: _____ Marital Status: _____

Name of Spouse & Occupation (Female Candidates): _____

CNIC No.: _____ Domicile (District): _____

Date of Birth: _____ Age (on the closing date of advertisement): _____

Pay Order No., Bank Branch, and Date: _____

Contact No.: _____ PMDC Registration No. & Validity Date: _____

House Job Training Duration: _____ Hospital: _____

Choice Station for Duty: _____

Postal Address: _____

Permanent Address: _____

Education:

Qualification	Passing Year	Medical College/University	Marks Obtained in Each Professional Exam	Total Marks in Each Professional Exam	Marks Percentage in Each Professional Exam
MBBS					
Additional Qualification (if any): _____					

Experience:

Organization	Period Served	Job Description	Designation

Preferred Station for Interview (Tick the relevant box)

Rawalpindi Lahore Peshawar Quetta Karachi Multan

I hereby certify that the above information is correct to the best of my knowledge and belief.

Dated: _____ / 2024

Signature of Applicant: _____