JAN INSTITUTE OF CAPE	
CHERNIEST OF PUBLISH	

Diary No	Date
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CH. PERVAIZ ELAHI INSTITUTE OF CARDIOLOGY, MULTAN

	<u>Application</u>	on form	n for the F	Recruitment on Bo	oard of Mana	agement S	Seats		
POST OF: -									
Name: -									
Father Name:									
CNIC Nα				Domicile:		Pictur	re Past Gum	e with	
Date of Birth	:			Age:			Gum		
Religion: -									
Landline: -									
Are you Gov	ernment Ser	vant: -		Disability:-					
Postal Addres	ss:							-	
Qualificatio	ons								
Certificate	Major Subjects		Passing Year	Board/University/ Institute	Obtained Marks / CGPA / Division	Total Marks/ CGPA		% age Marks	
Matric									
F.Sc									
B.Sc in (Relevent Allied Health)									
M.Sc									
Experience									
Name of Firm/Institute/Company		Nature of Work		Per	Period Served		Tota	al Experience	
				From	Т	То			
					I		I		
Left Thumb Impression				Signature of Candidate					