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|  | **HITEC - Institute of Medical Sciences** |
| **House Officer Application Form** |
| **TRG-FORM-03** | **ISSUE # 01** | **ISSUE DATE: 21-09-2021** |
| **FOR OFFICE USE ONLY** | **YES** | **NO** |
| **Short listed for:** |  | **Interview:** |  |  |
| **Called on:** |  | **Selected:** |  |  |
| **Reference #:** |  | **Merit #:** |  |
| **Applicant Name (DR)****(CAPITAL LETTER)** |  | **PHOTOGRAPH****(passport size)** |
| **S/O, D/O, W/O** |  |
|  | **DD** | **MM** | **YYYY** | **Nationality** |  |
| **Date of Birth** |  |  |  | **Domicile** |  |
| **CNIC #** |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| **Marital Status** | **Single** |  | **Married** |  | **Other** |  |
| **Gender** | **Male** |  | **Female** |  | **Email:** |  |
| **Telephone** | **Mobile** |  | **Residential** |  |
| **Present Address:** |  |
|  |
| **District** |  | **Province** |  | **Country** |  |
| **Permanent Address:** |  |
|  |
| **District** |  | **Province** |  | **Country** |  |
| **EDUCATION** |
| **Qualification** | **Name of Institute** | **Obt / Total Marks** | **%age** | **Attempts** | **Passing Year** |
|  **1st Prof** |  | / |  |  |  |
|  **2nd Prof** |  | / |  |  |  |
|  **3rd Prof** |  | / |  |  |  |
|  **4th Prof** |  | / |  |  |  |
|  **Final Prof** |  | / |  |  |  |
| **Name & Address of****Medical College / University** |  |
| **Have you received any house job training?** |  | **Yes** |  |  | **No** |  |  |  |
| **In case of yes,** | **Name of hospital** |  |
|  | **Specialty** |  | **Duration** |  **to**  |
| **ATTACHMENTS** |
| **For HITEC-IMS Graduates** | **For non HITEC-IMS Graduates** |
| Attempt wise certificate (attested copy) / Provisional certificate | Attempt wise certificate / Degree of MBBS (attested copy) |
| CNIC (3 x attested copy) | Matric/O-level, FSc / A-level certificate (attested copy) |
| PMDC Provisional License (attested copy) | Domicile (attested copy) |
| 06 passport size photographs (3x passport size & 3x 1”x1”) | CNIC (3 x attested copy) |
|  | PMDC Provisional License (attested copy) |
|  | 06 passport size photographs (3x passport size & 3x 1”x1”) |
|  | Character certificate (attested copy) |
| **DECLARATION** |
|  | I do hereby solemnly declare that: |
| 1 | The information given by me in this application form is true and correct to the best of my knowledge and belief. |
| 2 | I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned |
| 3 | My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates |
| 4 | Will abide by the statues, Regulations and Rules etc framed by the HITEC-IMS & HIT Hospital, from time to time. |
| 5 | Will maintain good behavior and pay all dues regularly. |
| 6 | Will be a full time and regular trainee of the HITEC-IMS and shall not accept any employment during the training period. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature |