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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 | | | | | | | | | | | | | | | | | | | | | | |