

3.

BOLAN UNIVERSITY OF MEDICAL AND HEALTH SCIENCES, QUETTA APPLICATION FORM Reg. No.____

POST NAME: _

Perso	onal Informati	ion:							
01 N	ame in Full								
	ather Name								Picture
	andidate CNIC#			-			-		Past your
	ate of Birth		AM Y	YYY					recent passport size
									color
05. E	mail								photograph
06. Primary Mobile No.									with gum
07.Secondary Mobile No.									
08. Permanent Address									
09. P	ostal Address								
10. G	10. Gender Male Female								
11. M	11. Marital Status Single Married								
12. R	eligion	Muslim	Non-	Muslim					
Dist	rict of Local /]	Domicile	l						
DISU		Dominenc.							
Divisi	0 n				District				
Acad	lemic Qualific	ation:							
Degr	ee / Certificate	Specialization	Passing	Marks	Total Mar	·ks	Percentage	Board /	/ University / Institute
0		/ Major	Year	Obtained /	/ CGPA		%		J
		Subject		CGPA					
Matric									
Interm	ediate								
Bachelor (14 Years)									
Masters									
MS / N	A.Phil								
Higher	r								
Prof	essional Quali	fication / Deg	ree / Diplo	oma / Certific	ate:				
S-r #	Contificati		Dessing	Obtoined	Total M-	سا <u>م</u>		T	titute
Sr.#	Certificatio	on / Degree	Passing Year	Obtained Marks	Total Ma	rks		Inst	mute
1.			1.041	11141 MJ					
2.									
-									
3.									
Emp	loyment / Pas	t Relevant Ex	perience;	Informatio <u>n:</u>					
	-						D	otion	Total Europianas
Sr.#	Designation/ Job title	Organiza Type		Organiza Name			Dura	411011	Total Experience (In Years)
		Govt./ S	ami						(
1		Govt. /Pri	vate)						
1.									
2.									

I,____

__ S/o _____

_do hereby solemnly declare and affirm

Picture

Past your recent

passport size

color

that I have filled-up the form correctly. In case any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature should be canceled at any stage (even after employment, if so revealed later) and I shall be liable to legal action.

Signature: _____

Check List: Provide the following documents; otherwise Application form will not be entertained

- Original Bank Deposit Slip
- ◆ 03 Passport size colour photographs to be attached with the form.
- Attested Copy of CNIC
- Attested copies (1 Copy) of all the required documents.

Undertaking by The Applicant:

I S/o	do hereby solemnly of	leclare and						
affirm that I have read and understood the instructions and conditions for appearing in the Screening								
Test, and I have filled-up the application forms as per instructions given below. Queries will only be								
entertained in the query period given after the tentative merit list of candidate's is displayed / upload on								
official website (www.bumhs.edu.pk). In case of any information contained herein is found missing,								
untrue, false or forged, my candidates are can be cancelled at any stage (even after employment, if so								
revealed later), and I shall be liable to any legal action.								
			with gum					
Date: Th	humb Impression	Candidate's Signature						

GENERAL INSTRUCTION / INFORMATION:

- **1.** Please fill te application form properly with complete and correct information.
- **2.** Please do not leave any field blank in the form and do not OVERWRITE any information otherwise your application will be rejected.
- **3.** Incorrect or false information may result in cancellation of your candidature at any stage even after employment, and also shall be liable to legal action.
- 4. Please submit the complete Application from to <u>Bolan University of Medical and Health Sciences</u>, <u>Brewary Road, Quetta.</u> (along with 3 recent colour passport size Photographs, copy of CNIC, All Academic, Professional, Experience, Local / Domicile Certificates and original bank deposit slip.
- 5. Mobile phones or any electronic gadgets are not allowed in Test and Interview center premises.
- **6.** Use separate application form for each post you are applying for.
- 7. Use separate envelop for each application form and post name must be clearly mention on top of envelop.
- 8. Application Fee (Service Charges) / Bank Charges is non-refundable / non-transferable to other category.
- 9. Information about Roll No Slip / Test date / Test Center will be provided by Website.

Last Date for form Submission: 24th October 2020

ADDRESS

Bolan University of Medical & Health Sciences, Brewary Road, Quetta Pakistan / 87300