

GOVERNMENT OF PUNJAB District Health Authority DHA Sheikhupura

Job Application Form

Photograph

Applied for the Posts of _____ NAME: Father's Name / **Husband Name** D D M M Date of Birth: Age (in Years & Month):_____ Y ____ . 4...... CNIC# Province ___ District : **Domicile Mobile Number** 0 3 **Postal Address** Driving License No. ______ Type: _____ (i.e. LTV/HTV/PSL etc) (For Drivers / Dispatch Rider) **QUALIFICATION** Subject Grade **Total Mark Obtained Board / University Degree** Year /Division Marks **Primary** Middle (8th Class) Matric (Science) Intermediate /HSSC/F.A/F.Sc **Bachelor** Master **Diploma** Other Any other Qualification please attached separate sheet **EXPERIENCE Total Experience** Designation Year Name of Department / Ministry / Institute/ Company etc Years Months Days From TO **Total Experience** Any other information/experience please attached separate sheet **Job Relevant Experience:** YES NO (If yes please mentioned in year) _____Years Note:-1. Please fill all items carefully in "BLOCK LETTERS". However, incomplete application will not be entertained. Please mentioned specialty, when applying for the post Dated: _____/____/ 20 _____ Signature of the Candidate: