

CKMC - CMH Kharian Medical College

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		House Job Application Form										
		TRG-FORM-01			ISSUE # 01				ISSUE Date: 1 st March 2023			
		F	OR O	R OFFICE USE ONLY						YES	NO	
Short listed for:									Interview:			
Called on:									Selected:			
Reference #:									Merit #		1	
Applicant Name (DR) (CAPITAL LETTER)												
S/O, D/O,W/O												
Date of Birth		DD	MM	YYYY	Natio						OGRAPH ort Size)	
CNIC#										1		
Marital Status		Single		Married	1 1	Othe	er			1		
Gender		Male		Female		Ema	il					
Telephone		Mobile				Residential						
Present Address:												
		I										
District:		Province:							Country:			
Permanent Address:												
District:	ict:		Province:				Country:					
			ACC	COUNT DE	TAILS: (Askar	i Ba	nk Only	()			
Account Title												
Account Number												
*In case of an	y othe	er bank ac	count	t contact F	inance I	Depar	tmer	nt CKM	C.			
				EDUCA	ATIONAI	L REC	ORE)				
Qualification		Naı		Obtain/Total Marks		%age	Attempts	Passing Year				
1 st Prof					/							
2 nd Prof							/					
3 rd Prof							/					
4 th Prof					/							
Final Prof				/								
Name & addres College / Unive	Medical				1			1	1			
Have you received any house job training? (Ye					/No)							
In case of yes.	Name of Hospital											
· · · · · · · · · · · · · · · · · · ·		Specialty				Dui	Duration		ТО			

ROTATION PREFERENCE (Allied Departments Only)								
	Medicine & Allied		Surgery & Allied					
1.								
2.								
3.								
4.								
*Subject To availability of Vacant seats and hospital policy.								
	AT	TACHMEN [*]	TS					
	For CKMC Graduate	For NON-CKMC Graduate						
Attempt	t wise certificate (attested copy) / Provisional	Attempt wi	se certificate / Degree of MBBS (attested copy)					
certifica	ate							
CNIC (a	attested copy)	Matric/O-level, F.Sc/A-level certificate (attested copy)						
Provisio	onal PMDC Registration (attested copy)	Domicile (attested copy)						
06 pass	sport size photographs	CNIC (attested copy)						
		Provisional PMDC Registration (attested copy)						
		06 passport size photographs						
	DE	CLARATIC	ON					
I do hereby solemnly declare that:								
The information given by me in this application form is true and correct to the best of my knowledge and belief.								
I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned								
My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates								
Will abide by the statues, Regulations and Rules etc. framed by the CKMC & CMH Kharian Hospital, from time to time.								
	Will maintain good behavior and pay all dues regularly.							
Will be a full time and regular trainee of the CKMC and shall not accept any employment during the training period.								
Last Date of submission: 17 th March 2023								
Applicant Signature								
Training Officer CKMC Ms. Sana Saif								

Address: Training Branch Office
Nursing College, CMH, Hospital
Kharian Cantt
Email: trgbr@ckmc.edu.pk
Tel No. 053-7611239