Pakistan Institute of Prosthetic And Orthotic Sciences APPLICATION FOR EMPLOYMENT

Note:

The following documents are mandatory for every candidate to be shortlisted if any document mentioned below is missing the candidate will not be short listed:

Required documents	YES	NO
Attach TWO latest attested copies of passport size photograph		
Attach attested copy of CNIC		
Attach attested copy of Degree		
Attach attested copy of transcript/ DMCs (all years of education)		
Attach attested copy of all experience certificates		
Attach Distinction certificate if any		
	Attach TWO latest attested copies of passport size photograph Attach attested copy of CNIC Attach attested copy of Degree Attach attested copy of transcript/ DMCs (all years of education) Attach attested copy of all experience certificates	Attach TWO latest attested copies of passport size photograph Attach attested copy of CNIC Attach attested copy of Degree Attach attested copy of transcript/ DMCs (all years of education) Attach attested copy of all experience certificates

Only short listed candidates will be called for interview

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Na	me o	f Post Applied For										1
1.	Nan	ne:										
2.	Father's Name:3. Date of Birth											
4.	Address for correspondence											
5.	Telephone No. for ContactMobile No:											
6.	CNI	C No:						E	mail:			
7. 8.		der: Male ital Status: Single	Fema	ale: Mari	riec] i	D	ivorce	ed		Widow	,
9.		State the Qualification on the basis of which				<u> </u>						
	SN				ks ained	% N	larks		University/ Institute			
10		itional Qualification						T				
	SN	Degree/ Diploma		Grades		Total Marks		Marks Obtained		% Marks	University/ Institute	
11	. Rese	earch Reports/papers/arti		oublicat	ion	ns						
	SN Title of Research Reports/papers/articles/publications				Journal/ conference In case of papers/articles			Date of Publication	on	Publisher		
								-				

12. Experience Record

Please provide the attested copy of experience certificate. The experience will not be counted if the experience certificate is not attached with the documents.

Name Of Post	Duration (Month/Year)	Department	Main Activities	Supporting Officer
1.			i.	
			ii.	
			iii.	
2.			i.	
			ii.	
			iii.	
3.			i.	
			ii.	
			iii.	
4.			i.	
			ii.	
			iii.	
5.			i.	
			ii.	
			iii.	

- I hereby declare that above given information is true and complete and I understand that a false statement may disqualify me for employment or result in dismissal
- I hereby agree to follow the rules and regulations set out by PIPOS
- I hereby declare that I have no intentions for work elsewhere or with anyone else, while I am in employment with PIPOS

Date:	Signature of Applicant:
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