



# Azad Jammu & Kashmir Medical College

Muzaffarabad, Azad Jammu & Kashmir.

Ph. +92 5822 920412; Fax +92 5822 920523.

[ajkmc.pk@gmail.com](mailto:ajkmc.pk@gmail.com)

## APPLICATION FORM FOR HOUSE JOB

Class Roll No \_\_\_\_\_

I Dr. \_\_\_\_\_ S/O , D/O \_\_\_\_\_ hereby apply for House job training in the surgery / Medicine & Allied in:

Choice	Chose of Hospital CMH and AIMS (fill your preference as per your choice)
1 <sup>st</sup>	
2 <sup>nd</sup>	

College Graduate From: \_\_\_\_\_ Class Roll No: \_\_\_\_\_

Session \_\_\_\_\_ Domicile \_\_\_\_\_ State/Province \_\_\_\_\_

### PARTICULARS:

Past one Photograph

CNIC

Date of Birth

Gender Male  Female  Marital Status

District\*  City\*

Postal Address

### ACADEMIC INFORMATION

Matric Obt Marks	Matric Total Marks	FSc Obt Marks	FSc Total Marks	MdCat Obt Marks	MdCat Total Marks

Title / (Marks Obtained )	Marks Obtain	Total Marks	%age	Attempts
1 <sup>st</sup> Professional				
2 <sup>nd</sup> Professional				
3 <sup>rd</sup> Professional				
4 <sup>th</sup> Professional				
5 <sup>th</sup> Professional				
Total				

Signature of the Applicant \_\_\_\_\_ Contact No. \_\_\_\_\_

### DOCUMENTS TO BE ATTACHED

Certificate of Matriculation / Equivalent	<input type="checkbox"/>	Certificate of HSSC / Equivalent	<input type="checkbox"/>
Attested Copies of 1 <sup>st</sup> to Final Prof. MBBS DMCs	<input type="checkbox"/>	Photographs 1	<input type="checkbox"/>
CNIC copy	<input type="checkbox"/>	Provisional PMDC certificate/PMDC Reciept	<input type="checkbox"/>
Distinction Certificate (if applicable)	<input type="checkbox"/>	Research Publicaitons (if applicable)	<input type="checkbox"/>