APPLICATION FORM FOR HOUSE JOB IN TEACHING HOSPITALS OF SHC & ME DEPARTMENT

_		HOSTIAL OF SHE WIN	COLFACTORIZAT	
	(Olary Number (Office use 1.7)	Merit N (Office Us		•
ંર	Applicant Name (DR) (CAPITAL LETTER)			Paste Passport Size Photograph
3	S/o, D/o, W/o		-6	Do not staple
14	Father Profession		The land of the la	DO HOL Staple
5	Date of Birth (OD-MM-YY) / Place of Birth			
6	NIC Number			
. 7	Date of Graduation (MBBS) Manth/Year		W Nationality 144	
8	Institute from where Graduated whichever is applicable)	(Fill one option	A Religion Com	
	Host Institute	1. 1. 17		
. P	Other Public Sector Institute Pr	niab 1 1 1		
C	Other Public Sector-Institute of	ner Provinces		
В	Private Sector Institute			
	Foreign Graduate	of the transfer		
٠ <u>;</u>	District of Domicile			
,10	Marital Status		Cast	, , , , , , , , , , , , , , , , , , ,
11	PMDC Provisional Registration Number or receipt of application of Registration to PMDC.		Blood Group &	
12	Email Address			
13	Telephone (Residen	re)	(Mobile)	
14	Passport Number (foreigners)	172427043223		
15	Mailing Address			
16	Permanent Address (if different from , above)		9	
17	Bank Account · ·	Bank/Branc	h	
18	Marks obtained in MBBS Final Yea	Luciona (190)		
19	Total Marks of Final Year MBBS:	SQL Lindika S		
	Kasa aCMarke Obrained : 1 111			

THINK

Rank .	Preferred Rotation
1	
2	
3	
4	

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Important Instructions;

- The form is to be submitted to the office of the Medical SuperIntendent, (Hame of Hospital) apper notified schedule.
- Lists of selected HOs based on merit shall be displayed on the Notice boards of Medical Superintendent, Concerned Units as well as at the College / hospital websites
- J) Documents to attach (Attested Photocopies)
 - a. Matric certificate
 - b. FSc Certificate
 - L A1385 Degree/ Provisional Certificate
 - d. Result cards of all professional exams
 CNIC/Passport
 - e. Domicile
 - 1. PMDC registration (or receipt of application of Registration to PMDC)
 - g. Three passport size photographs (one to be pasted on the front page and two to be stapled)
- 4) No application shall be entertained without the above documents
- 5) No Dues Certificate (NOC) from warden boys/girls hostel from concerned University / College
- 6) Compulsory Rotations:
 - a. Major Medicine
 - b. Major Surgery
 - c. Minor Specialty (Allied Medicine)
 - d. Minor Specialty (Allied Surgery)
- 7) Every applicant must opt for the 4-compulsory rotations of three months each
- 8) Applicants will be divided into 4 batches. Each batch will be rotated according to their merit Major Medicine, any Allied Medicine and Major Surgery, any Allied Surgery (as per Schedule for Rotation)
- 7) In case of termination of job, experience certificate will not be issued. House Job certificate will only be issued after the testimonial of the Head of the Department / Unit.
- ' Declaration
 - i) 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 authorities. My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates at the time of interview. I will not claim benefit of any information which is not mentioned in the application form and is produced later on.
 - ii) I declare that I have not been already employed anywhere for house job and I am submitting my application through proper channel and I will ensure that I shall resign from my existing post (if any) when selected.
 - iii) I undertake to serve for the term of one year in case of selection as an internce house Surgeon/physician.
 - (v) I solemnly declare that I shall be legally bound to surrender my security of Rs. 1000/- in case I leave House Job before due date.
 - v) I undertake to produce the registration of PMDC
 - vi) These also read the rules and regulations and I am submitting the affidavit on judicial paper worth Rs. 50/- duly signed and attested by the oath commissioner.

I also understand that after the submission of application, if my application stands incomplete, wrongly filled, unsigned or misstated in the above replies, disciplinary action shall be taken against me under the rules.



Signature of the Applicant

Official Use Only

Comments/Status

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SAMPLE OF AFFIDAVIT TO BE SUBMITTED ON JUDICIAL PAPER OF RS.50/- ATTESTED BY THE OATH COMMISSIONER.

AFFIDAVIT

(N	ame of Hospital) do hereby solemnly declare and affirm as under: -
1.	I will not take part in any association / union.
2.	I will not take part in any subversive activities i.e. strikes, demonstrations slogans, etc.
3.	I will be bound to abide by the rules, regulation and orders issued by the hospital authorities. I have read the rules and regulations carefully.
4.	That if, I am found indulged in any such activities and violations of rules and regulation, my house job will be liable to be terminated without assigning any notice.
	Signature:
	Name: Dr
	S/O, D/O, W/O
	Phone No.(Res)
	Mobile No
	Address

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- 1		•	

The Medical Superintendent, B.V Hospital Bahawalpur.

Subject: -	JOINING REPORT HOUSE OFFICE
•	

Respected Sir,

	It	is	stated	that	I	have	been	appointed	as	House	Officer	vide	Medical
Superintende	nt l	Hou	se Job	Office	0	rder N	lo			Da	ited		
kindly accept my joining report as House Officer I shall be highly grateful to you for acceptance of													
my joining rep	ort	t.											

	1 ST	2 ND	3 RD	4 TH
Rotation				
Date of Joining from				
House Job Office Orders s	erial no.			
Regular (Annual Session)	QAMC			
Honorary (Annual Session	1)			
Regular (Supplementary S	Session) QAMC			
Honorary (Supplementary	y Session)	 		

Thanking you in anticipation.

Recommended & forwarded to The Medical Superintendent B. V. Hospital Bahawalpur. YOUR'S OBEDIENTLY

SIGN & STAMP OF HEAD OF DEPARTMENT

Signature

House Officer Name	
F/Name.	