410 L	<b>SOHA</b> UNIVERSI		Jinna	Sohail University Jinnah Medical & Dental College a constituent College <u>APPLICATION FORM</u> Diploma in Child Health						2"x1.5"
PERSONAL RECORD										
Name: Father /										
Letters)		Husband Name:								
Date of Birth: (DD/MM/YYYY)					tal Status: Single Married			Religion		
Nationality:		<u> </u>				Gender: Male Female				
CNIC No:		(Computerized National Identity Card No. Issued by NADRA)							Place of Birth	
Postal Address:			Phone No:							
Email:			QUALIFICATION DETAILS							
АСАЛ	EMIC QUAL	IFICATION					PASSING		1	BOARD /
Matric						YEAR		PERCENT	AGE	UNIVERSITY
Intermediate						DAGOINO				BOARD /
PROFESSIONAL QUALIFICATION			INSTITUTE		PASSING YEAR		GRADE / PERCENTAGE			
EXPERIENCE DETAILS										
S #	Perio	d	Institute			Designation		Start Date		End Date
			PN	MDC / OTHER REC		RATION DET	AIL			
	PMDC	C #		Registration Date:						
	Other:			Valid Upto: -   (DD/MM/YYYY) -				-		
					)	1				
Date Applicant's Sign										icant's Signature
Remarks: (for Office Use Only)										
	Dep									artmental Approval



## **REQUIREMENTS:**

Submit your application form with following documents:

- Copy of educational certificates / degrees.
- Copy of CNIC.
- PMDC registration (if applicable).
- Passport size photograph.

## FORM SUBMISSION DETAILS:

- Download the form.
- Print and fill the form.
- Attach the documents as required.
- Submit the form to HR Department, Jinnah Medical College Hospital.

Address: SR-6, Sector 7-A, Korangi Industrial Area, Karachi. Tel number: 021-35071856-8, Ext. 230 021-34931886-9, Ext. 223