

**Wazirabad Institute of Cardiology
Wazirabad**

Job Application Form

*Affix a recent
passport size
photograph*

Applied for the Post: _____

1.	Name						
2.	Father's Name						
3.	Religion						
4.	Date of Birth	(Age on closing date: _____ Y _____ M _____ D)					
5.	Gender						
6.	District of Domicile						
7.	CNIC No						
8.	<u>Qualification</u>						
	<u>Degree / Certificate</u>	<u>Total Marks</u>	<u>Marks Obtained</u>	<u>Grade / Division</u>	<u>Board</u>	<u>Year</u>	<u>Major Subjects</u>
9.	Job Experience:	Organization Name	Post / Designation		Period		
					From	To	
10.	Permanent Address:						
11.	Contact number:						
12.	ACKNOWLEDGEMENT:						
	By signing below and submitting this Application Form:						
	I _____ S/O, D/O _____						
	Solemnly declare that above information are accurate and I will be responsible if these information's found incorrect and WIC will initiate legal action on account of false statement against me.						
	Dated: _____ Signature: _____						
For Office Use Only							
	Diary No:				Dated:		
	Application No:				Posted:		