

**1.0 Personal Information**

Name (As appearing on CNIC)		CNIC:	<input type="text"/>
Date of Birth	<input type="text"/>	Father/ Husband Name	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Widower		
Mobile No.			
Permanent Address (as appearing on CNIC)		Land Line No(s).	<input type="text"/> <input type="text"/>
Current Address (for Correspondence)		Land Line No(s).	<input type="text"/> <input type="text"/>
PMDC. NO.		Expiry Date of CNIC	
Mark of Identification		Blood Group	Email.

2.0 Disclaimer

The decision of interviewing board will be final and not challengeable.

3.0 Declaration

I hereby declare that the information given in this application is correct and true to the best of my knowledge. I also fully understand that any discrepancy can lead to disciplinary action against me, as deemed necessary by the authorities concerned; including termination / dismissal from service and forfeiture of service dues.

(Applicant Signature)

REQUIREMENT:

Attested photocopies of the following documents should be attached with the application form.

- One recent passport size photograph.
- Copy of NIC
- FCPS Part 1 Result in Diagnostic Radiology
- MBBS Degree
- Valid PMDC Registration Certificate
- House Job Certificates
- Mark Sheets of all Professional Examinations