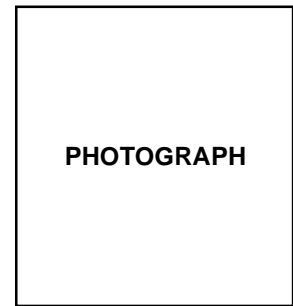


5/B-2 Phase - 5 Hayatabad Peshawar Pakistan.
 Phone: (92-91) 5825501-08 ; Fax: (92-91) 5810055
 E-mail: mhr@rmi.com.pk ; website: www.rmi.com.pk



For Office Use Only			
		Yes	No
Short Listed for:		Interviewed:	
Called on:		Selected:	

To be filled in by the applicant. Please fill up in BLOCK letters.

Date:	Subject Applied For		*(Females only for Obs & Gynae)	
	Anaesthesia <input type="checkbox"/> Obs & Gynae <input type="checkbox"/> Paeds <input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/>			
Full Name Dr.		Marital Status		
		Single	Married	Other
Father's / Husband's Name		Gender		
		Male	Female	
Date of Birth	Place of Birth	Nationality		
National ID Card No.	Religion	Domicile		
Present Address:				
District:	Province:	Country:		
Permanent Address:				
District:	Province:	Country:		
Telephone Number (Residence)		Telephone Number (Office / Other)		
E-Mail Address:		Mobile Number:		

Education

Qualification	Name of the Institution	Obtain/Total Marks	%age	Attempts	Year of Passing
Medical Graduation	1st Year	/			
	2nd Year	/			
	3rd Year	/			
	4th Year	/			
	5th Year	/			
	Supplementary <small>(No. of attempts in all years)</small>	/			
	House Job	Year of Completion			

- Attach a photocopy of CNIC and two recent photographs.
- Photocopies of all necessary documents, including MBBS academic certificate showing detailed marks/attempts of all years.
- House job certificates.
- All information fields are mandatory to be filled by the applicant.
- Incomplete form will not be entertained.

Signature _____