

### APPLICATION FORM FOR HOUSE JOB IN CLINICAL DEPARTMENTS OF KMU-IDS, KOHAT & DENTAL UNITS OF DHQ TEACHING HOSPITAL, KOHAT

Please tick relevant (only one) of the following options:

- (i) Graduate of KMU-IDS  (ii) Graduate of Public Sector Dental Colleges   
(iii) Graduate of Private Sector Dental College  (iv) Graduate of Foreign Dental Colleges

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Contact No. \_\_\_\_\_ CNIC No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of College from where completed BDS \_\_\_\_\_

Number of attempts and marks in passing each Professional examination: -

| Professional                 | Attempts | Marks Obtained | Total Marks | Year of Passing |
|------------------------------|----------|----------------|-------------|-----------------|
| 1 <sup>st</sup> Professional |          |                |             |                 |
| 2 <sup>nd</sup> Professional |          |                |             |                 |
| 3 <sup>rd</sup> Professional |          |                |             |                 |
| Final Professional           |          |                |             |                 |

House job if previously done with name of institution and period \_\_\_\_\_

Photocopies of attested documents to be attached with the form (mandatory): -

- 1 Academic Attempt Certificate
2. SSC Certificate/DMC
- 3 Three Passport size colour photographs (Original)
4. SSC Certificate/DMC
- 5 Character certificate from the Institute last attended
6. CNIC
- 7 NOC from College (other than KMU-IDS graduates)
8. PMC registration

I solemnly declare that: -

- a. The above information is correct
- b. That I have read the terms and conditions of the house job in announcement, and agree to abide by these as well as rules and regulations of the Institute implemented from time to time, in all respects.

**Note: All original documents may be presented at the time of interview.**

**Initial Signature of Candidate**  
(On prescriptions of the patients)

**Full Signature of Candidate**