



OFFICE OF THE MEDICAL SUPERINTENDENT
LAHORE GENERAL HOSPITAL, LAHORE

Ph.# 042-99264036, Fax # 99264042, Exch: 99264091-8, UAN 111-202-101

APPLICATION FORM



1. Name _____
2. D/O, W/O, S/O _____
3. Date of Birth/Age _____
4. Domicile _____
5. Address :
 - a. Permanent _____
 - b. Postal address for immediate. _____
6. Contact Telephone No. _____ Mobile No. _____
7. Marital Status _____
8. PM & DC valid Registration No. _____ Date of Expiry _____
9. Qualification.

Sr. #	Name of Degree	Total marks	Marks obtained	Percentage	Institution	Year
1	Metric					
2	F.Sc.					
3	MBBS					
I.	1 st professional					
II.	2 st professional					
III.	3 st Professional					
IV.	4 st Professional					
V.	Final PROFESSIONAL					
Higher Qualification						
Additional Qualification						

10. Hafiz-e-Quran _____
11. Experience _____

Experience as	Year	Month	Days

1. Position at university Level / Medical College:-

a. 1 st in Final Prof. MBBS	
b. 1 st in Final Prof. MBBS	

DISTINCTION IN SUBJECT (MBBS)

c. Distinction with 80% and above Marks in a Subject Professional exam.	
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I. Medal /Distinction in Fellowship or Distinction in FCPS	
II. Distinction in M. Phil	

2. Attested photocopies of documents should be attached as per following guides:-

- Matriculation Certificate.
- F.Sc, MBBS along with all professional certificate.
- Postgraduate Degree / Certificate.
- Experience Certificate.
- Domicile Certificate.
- National Identity Card (CNIC)
- Research papers.
- If Govt. servant N.O.C of the department

3. Deposit office: diary section of M.S LGH, LHR last date of receipt of applications is 15-05-2015.

4. Any other information can be obtained from the Office Superintendent (Admin) LGH.

5. Incomplete application will not be entertained.

Date of submission _____

Signature of the Candidate