

MAYO HOSPITAL, LAHORE

BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF
PHARMACIST (MANAGER/SHIFT INCHARGE/BS-17 EQUIVALENT BASIC PAY
PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL
PHARMACY (NON GOVERNMENT SET-UP)

| Name | | | | | |
|---------------|-------------------------|----------------------|--------------------|---------------------------|----------------------------|
| Father / | Husband Name | | | | РНОТО |
| Age | Sex M/F | Domic | cile | | |
| Date of I | Birth Reli | gion | C.N.I.C | | |
| Postal A | ddress | | | | |
| Email id | | | Mari | tal status | |
| Telephor | ne No. Land line | | Mobile # | | |
| - Registra | tion with Punjab Pharma | | | | |
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| | ACADEMIC QUALI | FICATION (ATTA | ACH ATTESTE | D PHOTOCOL | <u>'IES)</u> |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached |
| | Matric | | | | |
| | FSC | | | | |
| | B-Pharm of Pharm D | | | | |
| | IOD EVDI | ERIENCE.(ATTA) | | CODIEC | |
| | JOB EXPE | CRIENCE (ATTAC | | <u> </u> | |
| Sr.# | Job description | Institute | From | То | Period in years |
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| I am c | urrently working as | | | at | |
| | The above information | ation is correct and | true to the best o | f my knowledge | |
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| | | | | (Sign | ature of the Candidate) |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF ACCOUNTANT CUM AUDIT ASSISTANT /BS-14 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON GOVERNMENT SET-UP)_

| Name | | | | | |
|-------------|---------------------|-------------------------|------------------------|------------------------------|----------------------------|
| Father / l | Husband Name | | | | РНОТО |
| Age Sex M/F | | Domicile | | | |
| Date of B | irth | Religion | C.N.I.C | | |
| Postal Ad | ldress | | | | |
| Email id | | | Mari | ital status | |
| Telephon | e No. Land line | | | | |
| | ACADEMIC Q | UALIFICATION (A | TTACH ATTESTE | ED PHOTOCO | OPIES) |
| Sr. No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached |
| | Matric | | | | |
| | FA / I Com | | | | |
| | B.com | | | | |
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| | <u> JOB</u> | EXPERIENCE.(AT | TACHED PHOTO | <u>COPIES).</u> | |
| Sr.# | Job description | Institute | From | То | Period in years |
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| I am cu | irrently working as | | | at | |
| | The above i | nformation is correct a | and true to the best o | f my knowled | ge. |
| | | | | (S | ignature of the Candidate) |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF Key PUNCH OPERATORS (KPO)/ DATA ENTRY OPERATOR /BS-12 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON GOVERNMENT SET-UP)_

| Name | | | | | |
|-----------------------|-------------------|-------------------------|-------------------|------------------------------|----------------------------|
| Father / Husband Name | | | | | РНОТО |
| Age | Sex M/F | Domicil | e | | |
| Date of Bi | rth Reli | igion | C.N.I.C | | |
| Postal Add | lress | | | | |
| Email id | | | Marit | tal status | |
| Гelephone | No. Land line | | Mobile # | | |
| | ACADEMIC QUALI | FICATION (ATTA | CH ATTESTE | <u>D РНОТОС</u> | OPIES) |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached |
| | Matric | | | | |
| | ICS | | | | |
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| | JOB EXPI | ERIENCE.(ATTACI | HED PHOTOC | COPIES). | |
| Sr.# | Job description | Institute | From | То | Period in years |
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| I am cur | rently working as | | | at | |
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| | The above inform | ation is correct and tr | ue to the best of | my knowled | ge. |
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| | | | | | ignature of the Candidate |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF DISPENSER / JR. PHARMACY TECHNICIANS /BS-9 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON GOVERNMENT SET-UP)_

| Name | | | | | | |
|------------|----------------------------------|-------------------------|-----------------------|------------------------------|----------------------------|--|
| Father / I | Husband Name | | | | РНОТО | |
| Age | Sex M/F | Dom. | icile | | | |
| Date of B | irth | Religion | C.N.I.C | | | |
| Postal Ad | ldress | | | | | |
| Email id | | | Marit | al status | | |
| Telephon | e No. Land line | Mobile # | | | | |
| | ACADEMIC QUA | ALIFICATION (ATT | SACH ATTESTE | <u> РНОТОС</u> | OPIES) | |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached | |
| | Matric | | | | | |
| | FSC | | | | | |
| | Diploma in relevant allied HS | | | | | |
| | JOB E | XPERIENCE.(ATTA | CHED PHOTOC | COPIES). | | |
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| Sr.# | Job description | Institute | From | То | Period in years | |
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| I am cu | rrently working as | | | at | | |
| | The above inf | ormation is correct and | d true to the best of | my knowled | ge. | |
| | | | | (S | ignature of the Candidate | |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF CASHIER COM ACCOUNTANT /BS-11 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON **GOVERNMENT SET-UP)**

| Name | | | | | |
|------------|-------------------|-------------------------|-------------------|------------------------------|----------------------------|
| Father / H | usband Name | | | | РНОТО |
| Age | Sex M/F | Domicil | le | | |
| Date of Bi | rthReli | igion | C.N.I.C | | |
| Postal Add | dress | | | | |
| Email id | | | Marit | al status | |
| Telephone | No. Land line | | Mobile # | | |
| | ACADEMIC QUALI | FICATION (ATTAC | CH ATTESTEI | D РНОТОС (| OPIES) |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached |
| | Matric | | | | |
| | ICS | | | | |
| | B.Com | | | | |
| | JOB EXPI | ERIENCE.(ATTACI | HED PHOTOC | COPIES). | |
| Sr.# | Job description | Institute | From | То | Period in years |
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| I am cur | rently working as | | | at | |
| | The above inform | ation is correct and tr | ue to the best of | my knowled | ge. |
| | | | | (S | ignature of the Candidate |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF SECURITY GUARD /BS-01 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON **GOVERNMENT SET-UP)**

| Name | | | | | | | |
|----------------------|--------------------|--------------------------|-----------------------|------------------------------|----------------------------|--|--|
| Father / I | Husband Name | | | | РНОТО | | |
| Age Sex M/F Domicile | | | | | | | |
| Date of B | irth | Religion | C.N.I.C | | | | |
| Postal Ad | dress | | | | | | |
| Email id | | | Marit | al status | | | |
| Telephon | e No. Land line | | Mobile # | | | | |
| | ACADEMIC Q | UALIFICATION (AT | FACH ATTESTE | D РНОТОС (| <u>OPIES)</u> | | |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not attached | | |
| | Matric | | | | | | |
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| | JOB | EXPERIENCE.(ATT | ACHED PHOTOC | COPIES). | | | |
| | | | | | | | |
| Sr.# | Job description | Institute | From | То | Period in years | | |
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| | | | | | | | |
| I am cu | rrently working as | | | at | | | |
| | The above i | nformation is correct an | d true to the best of | my knowleda | ge. | | |
| | | | | (S: | ignature of the Candidate) | | |



MAYO HOSPITAL, LAHORE
BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF HELPER CUM CLEANER/ SWEEPERS BS-01 EQUIVALENT BASIC PAY PLUS APPLICABLE ALLOWANCES ON CONTRACT BASIS FOR MODEL PHARMACY (NON GOVERNMENT SET-UP)_

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| ather / H | РНОТО | | | | | |
| ge | | | | | | |
| ate of Bi | rth | Religion | C.N.I.C | | | |
| ostal Add | lress | | | | | |
| mail id | | | Marit | al status | | |
| elephone | No. Land line | | Mobile # | | | |
| | ACADEMIC QU | ALIFICATION (ATT | SACH ATTESTE | D РНОТОС (| OPIES) | |
| Sr.No. | Qualification | Institute | Year of passing | %age of Marks Obtained | Copy attached/not | |
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| | JOB I | EXPERIENCE.(ATTA | CHED PHOTOC | COPIES). | I | |
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| Sr.# | Job description | Institute | From | То | Period in years | |
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| I am cur | rently working as | | | at | | |
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| | The above in | formation is correct and | d true to the best of | my knowled | ge. | |
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