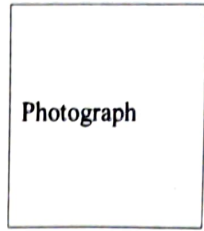




Photograph



MAYO HOSPITAL, LAHORE

BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF _____

1. CONSULTANT ANAESTHETIST BS-18

Name _____ Father/Husband Name _____

Age _____ Sex M/F Domicile _____ City _____

Date of Birth _____ Religion _____ N.I.C# _____

Postal Address _____

Telephone No. Land line _____ Mobile # _____

Marital status _____ PMDC # _____ valid upto _____

ACADEMIC QUALIFICATION (ATTACHE ATTESTED PHOTOCOPIES TWO SETS)
THE FOLLOWING PRESCRIBED PROFORMA MUST BE FILLED

Sr.No.	Qualification	Institute	Year of passing	%age of Marks Obtained	Copy attached/not attached
1	Matric				
2	F.S.c				
3	MBBS				
5	FCPS/MS				
6	D.A /MCPS				

JOB EXPERIENCE.(ATTACHED PHOTOCOPIES).

Sr.#	JOB DESCRIPTION		INSTITUTE	FROM	To	Period in Years
1	House job	Medicine Surgery				
2	Experience before Post-graduation					
3	Experience after Post-graduation					
	Research Paper/ publication if any.					

I am currently working as _____ at _____

The above information is correct and true to the best of my knowledge.

(Signature of the Candidate)