D.NO\_\_\_\_\_\_\_\_

Picture

**SAIDU MEDICAL COLLEGE SWAT**

**APPLICATION FORM FOR THE POST OF JUNIOR SCALE STENOGRAPHER (BPS14)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ROLL NO.** | |  |
| NAME |  | | |
| F/NAME |  | | |
| D.O.B |  | | |
| CNIC NO |  | | |
| DISTRICT DOMICILE |  | | |
| CONTACT NO. |  | | |
| e-mail address |  | | |
| POSTAL ADDRESS |  | | |
|  | | |
| **IMPORTANT DOCUMENTS**  ***(Write page no on each Document)*** | ***Page No*** |  | |
| Application From | 01 |  | |
| CNIC Copy | 02 |  | |
| Domicile Certificate | 03 |  | |
| SSC DMC | 04 |  | |
| SSC original Certificate | 05 |  | |
| Intermediate DMC | 06 |  | |
| Intermediate original Certificate | 07 |  | |
| Bachelor DMC | 08 |  | |
| Bachelor Degree | 09 |  | |
| Master DMC |  |  | |
| Master Degree |  |  | |
| M.Phil. / MS Degree |  |  | |
| Experience Certificates (s) |  |  | |
| Appointment order |  |  | |
| Departmental Permission Certificate **(in case of Govt: Servant)** |  |  | |
| Shorthand Certificate |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| Total submitted Documents |  |  | |
| Signature of applicant | **Dated:** | | |
| ***For office use only*** | | | |
| Last of Advertisement | 28-02-2022 | | |
| Date of Birth |  | | |
| Reckoning Age |  | | |
| Age Relaxation |  | | |
| Eligible/ Not Eligible |  | | |
| Chairman Scrutiny Committee sig: |  | | |
| Official Stamp |  | | |