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

Picture

**SAIDU MEDICAL COLLEGE SWAT**

**APPLICATION FORM FOR THE POST OF COMPUTER OPERATOR (BPS-16)**

|  |  |
| --- | --- |
| **ROLL NO.** |  |
| **ETEA MARKS** |  |
| 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 |  |
| BS Provisional Certificate or Bachelor DMC | 08 |  |
| BS (Hons) Degree +BS Transcript orBachelor Degree + DIT Diploma  | 09 & 1009 & 10  |  |
| Master Degree |  |  |
| M.Phil. / MS Degree  |  |  |
| Experience Certificates (s) |  |  |
| Appointment order |  |  |
| Departmental Permission Certificate **(in case of Govt: Servant)** |  |  |
| Character Certificate |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total submitted Documents |  |  |
| Signature of applicant  |  **Dated:** |
| ***For office use only*** |
|  Last Date of Advertisement  | 28-02-2022 |
| Date of Birth  |  |
| Reckoning Age |  |
| Age Relaxation  |  |
| Eligible/ Not Eligible  |  |
| Chairman Scrutiny Committee sig: |  |
| Official Stamp  |  |