



FATIMA MEMORIAL HOSPITAL, SHADMAN, LAHORE

A member of Fatima Memorial System

Fatima Memorial Hospital, FMH College of Medicine and Dentistry, Saida Waheed FMH College of Nursing, FMH College of Postgraduate Medicine, FMH Institute of Allied Health Sciences, ABNI-Community Outreach Program
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APPLICATION FORM FOR HOUSE JOB / INTERNSHIP

- Please complete all sections and attach any additional information if necessary or you wish to provide
- Your application and personal information will be kept confidential

Section: I (Personal Information)

Name: _____

Father's / Husband's Name: _____

Gender: Male Female Marital Status: Single Married Blood Group _____

Date of Birth: -- Place of Birth: _____

CNIC #: ---- Religion: _____ Nationality: _____

Permanent Address: _____

Telephone: _____ Mobile Phone: _____ E-Mail: _____

Present Address: _____

Telephone: _____ Mobile Phone: _____ E-Mail: _____

In case of emergency person to be contacted:

Name: _____ Relationship: _____

Mailing Address: _____

Telephone: _____ Mobile Phone: _____

Fax No. _____ E-Mail: _____

Please Paste 2
Passport Size
Photograph

Section: II (Registration with Pakistan Medical & Dental Council)

PMDC Registration No: _____ Date: _____ Valid Up To: _____

Section: III (Academic Record)

MBBS / BDS Passing Year: _____ Session: _____ Annual Supplementary

Professionals	Attempt	Roll No.	Aggregate Marks	Total Marks	Percentage	College / University
1 st Prof Part-I						
1 st Prof Part-II						
2 nd Prof						
3 rd Prof						
Final Prof						

Section: IV (Professional Record)

Please give detail of Internship / House Job (if any) in chronological order, starting with most recent:

Sr. #	Specialty	Position Held	Duration		Organization / Hospital
			From	To	
1.					
2.					
3.					
4.					

Section: V (References)

Is any employee of FMH is related to you? Yes No
(If yes please give below detail):

Name: _____ Designation: _____

Department: _____ Relationship with you: _____

Other References:

Sr. #	Full Name	Full Address	Contact		Business / Occupation
			Office		
1.			Office		
			Mobile		
			E-Mail		
2.			Office		
			Mobile		
			E-Mail		

Section: VI (Declaration / Undertaking)

I hereby declare that the statements made by me in this form are true and correct to the best of my knowledge. I understand that I will be held liable for any material misrepresentation, omission made thereon or any other document requested by or submitted to the Organization. I agree to hold Fatima Memorial System harmless for the use of the data in this form by third parties for purpose and other those for which they were provide. I also undertake that I will abide by the rules & regulations of the Fatima Memorial System

Applicant Signature: _____

Date: _____

Enclosures:

- i. Copy of CNIC
- ii. Two recent passport size photographs
- iii. Copy of Character Certificate from the Medical College
- iv. Copy of PMC Registration Certificate
- v. Copy of Attempt Certificate
- vi. Copies of all Professionals & Degree of MBBS/BDS
- vii. Copies of Matric & FSC Degree
- viii. Copies of Experience certificates (In case of Internship / House Job)
- ix. Copy of Domicile Certificate