|  |  |  |
| --- | --- | --- |
|  | **STATE BANK OF PAKISTAN** | *Paste one (01) Passport Size Photograph with White Background* |
| SBP Banking Services Corporation |
| **Application Form for Recruitment of Chief Medical Officer (OG-5)** |

***Please fill the form in MS Word. Handwritten forms will not be accepted.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I – Personal Information** | | | | | | | | | | | | | | | | | | | |
| Name | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Father’s/Husband Name | Click or tap here to enter text. | | | | | | | | | | | Date of Birth | | | Click or tap to enter a date. | | | | |
| CNIC # |  | |  |  |  |  | | - |  |  | |  |  |  | |  |  | - |  |
| Domicile | Click or tap here to enter text. | | | | | | | | Religion | | | | Click or tap here to enter text. | | | | | | |
| Physical Disability (if any) | Click or tap here to enter text. | | | | | | | | Gender | | | | Click or tap here to enter text. | | | | | | |
| Address (Postal/Mailing): Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Phone (Residence) | | Phone (Office) | | | | | Mobile No. | | | | Email address | | | | | | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section II – Professional Qualification** *(Please start from the latest)* | | | | |
| **Qualification** | **Name of University** | **Degree/Certificate** | **Year of Passing** | **Percentage/CGPA** |
| MCPS (Internal Medicine/Family Medicine)  *Other Equivalent/Higher Qualification or Foreign Qualification (if any)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| MBBS or Equivalent | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Additional Qualifications (if any) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section III – Experience** *(12 Years of Post Qualification Experience including 3 Years in Healthcare Administration)* | | | | |
| **Sr. No.** | **Designation** | **Organization** | **From** | **To** |
| 1 |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
| 2 |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
| 3 |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
| 4 |  |  | Click or tap to enter a date. | Click or tap to enter a date. |
| 5 |  |  | Click or tap to enter a date. | Click or tap to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant: |  | Date: | Click or tap to enter a date. |