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|  | **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.***

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| **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. |

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| **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. |

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| **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. |

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