

QUAID-E-AZAM INTERNATIONAL HOSPITAL
(A Project of Global Health Services)

APPLICATION FORM FOR HOUSE JOB

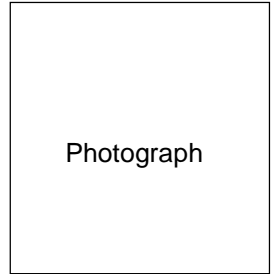
SPECIALITY APPLIED FOR _____ YEAR _____

PARTICULARS OF CANDIDATE

Name of the Candidate _____

Father's name/Husband name _____

Date of birth _____ Domicile _____ Nationality _____



ACADEMIC RECORD

Examination Passed	Year of Passing	Division or Class	Marks		Name of the Board/University
			Max. Marks	Marks Obtained	
Matric					
F.Sc					

DETAILS OF PROFESSIONAL EXAMINATIONS OF MBBS

Professional Examination	Year of Passing	Division/Class	Marks		Number of Attempts
			Max. Marks	Obtained	
1 st Professional (Part-I)					
1 st Professional (Part-II)					
2 nd Professional					
3 rd Professional					
Final Professional					

Result Declared on _____

Name of College _____

PMDC. Registration No. _____ (Valid from _____ to _____)

GENERAL

- a. Have you ever been removed or expelled from any Institution? _____ Yes No _____
- i. Name of the Institution _____
- ii. Year _____ Period of removal/expulsion _____
- iii. Reason for punishment _____
- b. Any disciplinary action other than removal/expulsion taken against you like fines, Compulsory migration etc. _____ Yes _____ No
- c. Are you suffering from any illness or disability? _____ Yes _____ No

PTO

I hereby solemnly declare that:

- i. I have not completed one year House Job in any other institution/hospital.
- ii. Will abide by the Statues, Regulations and Rules etc framed by the QIH Hospital, Islamabad from time to time.
- iii. Will maintain good behavior and pay all dues regularly. Will not inform or take part in any union/parties.
- iv. Will work diligently and maintain the dignity and prestige of the QIH Hospital, Islamabad both in and outside the Hospital.
- v. Will be a full time and regular trainee of the QIH Hospital and shall not accept any employment for the duration of the training.
- vi. The information given in the Application Form is correct to the best of my knowledge and belief. And if anything is found incorrect, QIH Hospital Islamabad will have the right to terminate my House Job.
- vii. In case of any disagreement, the decision of Hospital administration will be final and abiding.

Signature

Full Name

National Identity Card Number

Present Address _____

Permanent Home Address _____

Mobile No. _____

DOCUMENTS (PHOTO COPIES) TO BE ATTACHED

- a. Matric, F.Sc, MBBS (all professionals)
- b. Attempts certificate from the Principal
- c. Domicile
- d. Provisional Registration from PMDC
- e. National Identity card
- f. Two recent photographs

UNDERTAKING

I, Dr. _____ S/O, D/O _____

residence address (Permanent) _____

_____ hereby

undertake to abide by all the rules and regulations of QIH Hospital and promise to

abide by the following:-

1. I will not take any action which may interfere with the normal functions of the hospital.
2. I will not use violence, threat or engage in any illegal activity detrimental to the hospital discipline.
3. I will not attend any meeting unless authorized by Chief Executive Officer, Chief Operating Officer, Professor Concerned of QIH Hospital.
4. I will not become member of any political organization or indulge in politics but will concentrate on my studies.
5. I will not damage the hospital property.
6. I will be very punctual in attending my duties.
7. I will not be absent from my duty without the permission.
8. I will attend my duty in proper uniform (white coat).
9. I will abide by the code of conduct and rules & regulations of Doctors Hostel.
10. In case I violate any of the above mentioned regulations or left my training incomplete / in the way, I will refund all the dues/stipend, will not claim for experience certificate, refund of security deposit and also will be liable to any punishment under the rules.
11. I will vacate the hostel accommodation immediately after completion of my House Job Training. In case of failure, I will be bound to pay Rs.2000/- per day for extra stay in the hostel.

Signature of Trainee _____

P.M.D.C. Registration No. _____

NIC No. _____

Surety

Signature _____

Name _____

Father/Guardian Name _____

CNIC No. _____