PROJECT MANAGEMENT & IMPLEMENTATION ALTHUNIT Health Department Khyber Pakhtunkhwa

Instructions for Candidates:

- 1. FILL IN BLOCK LETTER
- 2. Attach attested copies of all the documents
- Submit your documents on or before 18th of April,2021 to the office of the Section Officer General in SOG building Of Health Department, Khyber Road, Peshawar

| POSITION | APPLIED | FOR: |
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| NAME: | |
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| FATHER NAME: | |
| AGE: | Gender: |
| CNIC: | |
| | |

CONTACT NUMBER: I.

TEMPORARY ADDRESS:

PERMANENT ADDRESS:

EDUCATION QUALIFICATION: (START FROM THE LATEST)

| S.No | Name of Degree | Institution | Year Of Passing | Marks Obtained | Total Marks |
|------|----------------|-------------|-----------------|-------------------|-------------|
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II.

EXPERIENCE:

| S.No | Name of Organization | Post Held | From | То |
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Paste your photo here

Signature of the Applicant