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IRMNCH & Nutrition Program Punjab
5-Montogomery Road, Lahore
Ph: 042-99205326, www.pshealth.gov.pk

Application Form for Lady Health Visitor

paste picture

(should be attested from front)

Name of Post Applied:							-	front)		
Applied in: (tick any 1)										
☐ Strengthening of Urban Dispensaries & Filter Clinics										
Applied against: (tick any 1) ☐ General Quota ☐ Disable Quota ☐ Min						☐ Mino	rities			
Preference of Districts: (1)		(2)(3)								
PERSONAL INFORMATION FILL IN CAPITAL LETTERS										
Applicant's Name:										
Father / Husband Name: (tick on relevant)										
CNIC No:										
Gender: ☐ Male ☐ Female Martial Status: ☐ Un-Married ☐ Married Religion: ☐ Muslim ☐ No-Muslim										
Contact No:		D	omicile:		ТП	\Box				
Postal Address:										
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		$\forall \vdash$			111	\forall		11	\Box	
Sr. Degree /Diplomas	Passing Year	Total Marks	Marks Obtained	%age	Grade/ Division	E	Board <i>i</i>	/ Univers	sity	
1 Matric										
2 F.Sc										
3 Diploma of LHV and Midwifery										
4 Higher Qualification in relevant filed										
POSITION IN BOARD / UNIVERSITY IN THE PRESCRIBED QUALIFICATION										
In case of position tick the actual position availed in Board / University in prescribed qualification.										
☐ 1st Position ☐ 2nd Position ☐ 3rd Position										
Experience in the Relevant Field Sr Name of the Post Served Served Total Served Period										
Sr. Name of Department		ame of the Post with Position		rom	Served Till		уууу	mm	dd	
1										

EX-SERVICE MAN / HAFIZ-	E-QURAN						
Ex-Service Man							
☐ Yes	□ No						
Hafiz-E-Quran							
☐ Yes	□ No						
DOCUMENTS TO BE ATTAC	CHED						
Documents to be attached with the application (tick the relevant box)							
1. ☐ Application Form		7. Educational Credentials (degree and Mark Sheets)					
2. ☐ CNIC		8. Experience Certificate (Govt. Sector only if applicable)					
3. ☐ Domicile		9. Hafiz-e-Quran Certificate (Attested from relevant Jamia)					
4. ☐ 2 Passport Size Pictures (attested from back side)		10.☐ Disable Certificate (Attested from PCRDP)					
5. ☐ Valid PNC Registration							
6. ☐ Chalan Form for PNC Registration (if applied for Renewal)							
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APPLICANT'S DECLARATION							
I certify that the information I am about to provided is true and complete to the best of my knowledge. I am aware that							
this self declaration statement is subject to review and verification and if such information has been falsified I may be							
terminated from the job for fi	raud and / or perjury.						
		(dd/mm/yy)					
	Signaturo						
	Signature:	Date.					