

# COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS)

King Edward Medical University / Mayo Hospital Lahore

Diary No. \_\_\_\_\_ Dated \_\_\_\_\_

(For Official use only)

## APPLICATION FORM FOR RECRUITMENT IN (Tick only One)

1. College of Ophthalmology & Allied Vision Sciences (COAVS)

National Programme for Prevention & Control of Blindness in Pakistan

**POST APPLIED FOR** \_\_\_\_\_

**1. Name of Candidate:**


**2. C.N.I.C. No. :**

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**3. Father's/ Husband's Name:**


**4. Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: (R) \_\_\_\_\_ Tel: (O) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. Date of Birth:**     /     /  
(Day / month / year)

**6. Age (on closing date)**     /     /  
(Years / Months / Days)

**7. Domicile:** \_\_\_\_\_ **8. Marital Status:** Married  Unmarried

**9. Education Status:** Illiterate  Primary  Middle  Matric  Intermediate   
Bachelors  Masters  Fellow  PhD  Others

**10. Details of Education:**

Degree/ Diploma	Institution/ University/ Board	Year of passing	Marks Obtained	Total Marks	Division/ Grade

**11. Service Record/ Experience:**

Position/ Title	Organization	From	Till


I hereby declare that all the particulars are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents. I have read the instructions and shall abide by them.

**Signature of the Candidate:** \_\_\_\_\_

**Date** \_\_\_\_\_

### **INSTRUCTIONS**

Candidate is directed to read and comply with instructions hereunder before filling the Application Form

1. The Application Form found to be incomplete or containing incorrect entries will not be accepted/ entertained and the candidate will be responsible for any sort of delay or loss.
2. All the entries must be filled in with BLUE/ BLACK ballpoint. Don't use ink pen.
3. If a candidate wants to apply on more than one vacancy he/she should submit separate application form along with necessary documents for each vacancy.
4. Fill your Name, Father's Name according to your Matriculation Certificate. In case of any discrepancy, the form will be rejected.

I have attached the following documents, duly attested, with the Application Form (Tick ):

- Attested photocopy of School leaving Certificate (in case of Primary/ middle/ under Matric candidates)
- Attested photocopy of Matriculation Certificate
- Attested photocopy of Intermediate Certificate
- Attested photocopy of Degree (s)
- Attested photocopy of Computerized National Identity Card
- Attested photocopy of Domicile Certificate
- Attested photocopy of Hafiz-i-Quran Sanad (where applicable)
- Proof of Army Service (where applicable)
- Two attested passport sized photographs
- Experience Certificates/ Testimonials
- Departmental Permission/ NOC (in case of in service candidates)
- Any other document (Please Mention) \_\_\_\_\_

**Signature of the Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:** Before submitting the form, re-check your form and note that you have filled all the columns according to the instructions correctly and attached all the required documents. Send your form with documents in one envelope by Registered A/D or Courier or deposit it personally at the following address:

**PRINCIPAL/ DIRECTOR GENERAL,  
COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS),  
KEMU/ MAYO HOSPITAL LAHORE.**

Application form complete in all respects must reach the above mentioned address before the closing date.