

**PERFORMA FOR HOUSE JOB
IN
MAYO HOSPITAL, LAHORE.**



**Photograph
(Two)**

1. NAME IN CAPITAL LETTER _____
2. FATHER'S NAME & PROFESSION _____
3. NATIONAL I.D.CARD. NO. _____
4. PRESENT ADDRESS _____

5. PERMANENT ADDRESS _____

6. NO. (RESIDENCE) _____

7. MOBILE NO. _____

8. DATE OF BIRTH/PLACE OF BIRTH _____

9. MARITAL STATUS _____

10. CAST _____

11. RELIGION _____

12. BLOOD GROUP & R.H.TYPE _____

13. COLLEGE FROM WHERE MBBS EXAMINATION _____

14. YEAR OF PASSING MBBS EXAMINATION _____

15. **MARKS OBTAINED**

1st Prof.Exam.	2 nd Prof.Exam.	3rd Prof.Exam	Final Prof.Exam.
_____/1100	_____/700	_____/1000	_____/1800

ATTEMPTS. _____

16. **GIVE DETAILS OF MEDALS** _____

17. NO DUES FROM THE WARDEN BOYS/GIRLS HOSTEL, KEMU, LAHORE. _____

18. ATTESTED COPY OF THE PROVISIONAL CERTIFICATE IS TO BE ATTACHED.

19. DOCUMENTS TO BE ENCLOSED WITH APPLICATION (1) MATRIC (2) F.SC. (3) PMDC(REG) (4) ATTEMPT CERTIFICATE (5) ALL RESULT CARD MBBS PROF. EXAM. (6) PROVISIONAL CERTIFICATE (7) I.D.CARD (8) NO DUES CERTIFICATE.(DOCUMENTS ATTESTED)

20. THE APPLICANT WILL BE DECLARE THAT HE/SHE HAS NOT APPLIED ANY WHERE BEFORE APPLYING FOR THE INTERNSHIP IF THE APPLICANT IS ALREADY EMPLOYED HE/SHE WILL SUBMIT HIS APPLICATION THROUGH PROPER CHANNEL AND ENSURE THAT HE/SHE WILL BE RELIEVED FROM HIS/HER PVIOUS POST IF SELECTED.

21. I UNDERTAKE TO SERVE FOR THETERMS OFONE YEAR IN CASE OF SELECTION AND AN INTERNEE HOUSE SURGEON/PHYSICIAN. I SOLEMNLY DELCARE THAT I SHALL BE LEGALLY BOUND TO SURRENDER MY SECURITY OF RS.1000/- IN EVENT OF MY LEAVING OF INTERNSHIP BEFORE DUE DATE.

22. I UNDERTAKE TO PRODUCE REGISTRATION OF PMDC.

23. I HAVE ALSO READ THE RULES AND REGULATION AND APPEND THE AFFIDAVITE ON NO JUDICAL

AFFIDAVIT

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

HOUSE OFFICER, MAYO HOSPITAL, LAHORE DO HEREBY SOLEMNLY
DECLARE AND AFFIRM AND UNDER:-

- 1 I WILL NOT TAKE PART IN ANY ASSOCIATION/UNION.
- 2 I WILL NOT TAKE PART IN ANY SUBVERSIVE ACTIVITIES I.E. STRIKES
DEMONSTRATIONS SLOGAN ETC.
- 3 I WILL BE BOUND TO ABIDE BY THE RULES REGULATIONS AND
ORDERS ISSUED BY THE HOSPITAL AUTHORITIES. I HAVE READ
THE RULES AND REGULATIONS CAREFULLY.
- 4 THAT IF, I AM FOUND INDULGED IN ANY SUCH ACTIVITIES AND ANY
VIOLATIONS OF RULES AND REGULATION MY HOUSE JOB WILL BE
LIABLE TO BE TERMINATED.
- 5 BEING KEMU ONCE I UTILIZE MY MERIT FOR HONORARY I WILL NOT
CLAIM PAID HOUSE JOB.
- 6 BEING (NON KEMCOLION) WILL NOT CLAIM ANY PAID JOB.

DR. SIGNATURE _____

DR. NAME _____

NO. (RES.) _____

CELL NO. _____

ADDRESS _____
