

APPLICATION FORM

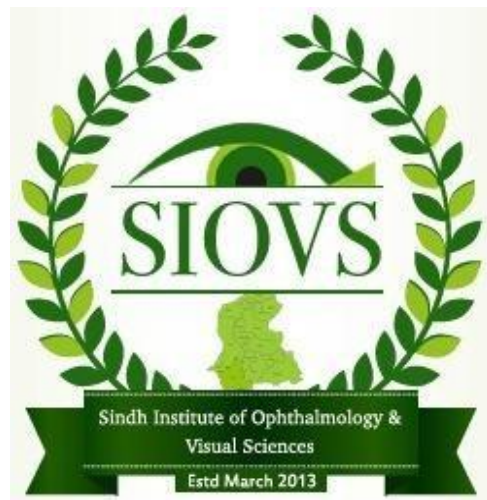
For the post of

Tick		
	Teaching (HEC / PMDC)	
	Non-Teaching	

Sindh Institute of Ophthalmology & Visual Sciences (SIOVS)

@

Eye Hospital Hyderabad
SINDH, PAKISTAN

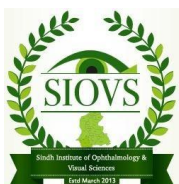


APPLICATION PROCEDURE

1. Interested candidates must download the application form online from the official website: www.siovs.edu.pk
 2. The completed application form must be submitted along with:
 - i. A Bank Pay Order or Bank Draft of Rs. 5,000/- in favor of SIOVS,
 - ii. Attested copies of educational certificates, degrees, and testimonials.
 3. Duly filled-in application forms along with all required documents must reach the office of the undersigned within 15 days of publication of this advertisement in newspapers
- Faculty appointments will be made strictly in accordance with PMDC/HEC criteria.
 - Applicants for teaching positions must additionally submit:
 - a) Teaching statements (Maximum two pages)
 - b) Research statement (Maximum two pages)
 - c) Clinical practice (Maximum two pages)
 - d) Complete list of publications
 - All positions are on a two-year contractual basis, extendable subject to satisfactory performance.
 - Only shortlisted candidates will be called for interviews.
 - No TA/DA will be provided for appearing in the interview.
 - SIOVS reserves the right to cancel the recruitment process at any stage without assigning any reason.
 - The Government/public sector employees must apply through proper channel and attach a copy of NOC
 - Age relaxation is subject to the approval of the scrutiny committee/ selection board
 - All information provided will be kept strictly confidential
 - The Selection Board reserves the right to increase or decrease the number of posts within the approved sanctioned strength.

TERMS & CONDITIONS

- Age limit is relaxation as per Government policy.
- Those candidates who are working in Government/ Semi-Government/ Autonomous/ Semi-Autonomous bodies should apply through proper channel with Departmental Permission (N.O.C) and no application shall be entertained without submission of such N.O.C / Departmental permission in this office within due date.
- Only short listed candidates will be called for written test/ interview.
- Institute reserves the right to cancel all advertised post(s), partly or as a whole.
- Incomplete application(s), in any manner, shall not be entertained.
- Canvassing in any manner will disqualify the candidate.
- No T.A/D.A will be paid for appearing in written test / interview.
- The relevant basic and postgraduate degrees shall be registered, recognized and valid with PM&DC.
- Quota is reserved for Disabled Persons, Minorities (Non-Muslims) and women as per Government policy.



**SINDH INSTITUTE OF OPHTHALMOLOGY &
VISUAL SCIENCES (SIOVS) , HYDERABAD**

APPLICATION FORM FOR THE POST OF

Newspaper. _____ Advertisement No. & Date. _____
Fee Paid Rs. _____ Challan/ Draft/ Pay Order No. _____ Dated _____

1. NAME IN FULL (Block Letters): _____
2. FATHER'S NAME: _____
3. MAILING ADDRESS: _____

4. PERMANENT ADDRESS: _____
5. TELEPHONE NO. (Res.): _____ (Off.) _____ (Mobile) _____
6. DATE OF BIRTH (dd/mm/Year): _____
7. GENDER (Tick) Male ☐ Female ☐
8. MARITAL STATUS: _____
9. PLACE OF BIRTH: _____
10. DOMICILE/ PROVINCE: _____
11. RELIGION: _____
12. NATIONALITY: _____
13. PM&DC /PEC /PNC Reg: No: _____ Valid upto _____
14. COMPUTERIZED NATIONAL IDENTITY CARD # _____

15. ACADEMIC BACKGROUND:

QUALIFICATION/ DEGREE	NAME OF COLLEGE/UNIVERSITY	YEAR OF PASSING	GRADE/ DIVISION	MAJOR SUBJECTS

16. EMPLOYMENT RECORD AND JOB EXPERIENCE (in Chronological order)

[illegible]

17. RESEARCH PUBLICATIONS/ PUBLISHED PAPERS (No case report/ review article)

S.NO	TITLE	JOURNAL	AUTHOR (1 ST / 2 ND / 3 RD)	DATE OF ISSUE OF JOURNAL

(Use Additional Sheets If Necessary)

18. REFERENCES:

List of Two reputed and responsible persons: Particularly qualify to supply definite information regarding your character and ability. Please do not mention blood relation or close relation.

REFERENCE-I	REFERENCE-II
Name: Position: Address: Tel.	Name: Position: Address: Tel.

**19. ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS/ CERTIFICATES
ARE SUBMITTED WITH THE APPLICATION FORM**

- | | |
|-----------|-----------|
| 1. _____ | 12. _____ |
| 2. _____ | 13. _____ |
| 3. _____ | 14. _____ |
| 4. _____ | 15. _____ |
| 5. _____ | 16. _____ |
| 6. _____ | 17. _____ |
| 7. _____ | 18. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |

20. DECLARATION.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

Signature: _____

Dated: _____

Place: _____

MUST BE FILLED BY THE APPLICANT

<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>	<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>
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<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>	<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>
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<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>	<p>Name _____</p> <p>Father's name _____</p> <p>Postal address _____</p> <p>_____</p> <p>_____</p> <p>Tel _____</p> <p>Mobile _____</p> <p>Name of the post applied for _____</p> <p>_____</p>
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