



KHYBER MEDICAL UNIVERSITY PESHAWAR
APPLICATION FORM FOR APPOINTMENT AS
PROJECT ACCOUNTANT (FIXED SALARY BASIS)

Name of Applicant	
Father's Name	
Qualification	
Date of Birth	
CNIC No.	
Domicile	
Postal Address	
Permanent Address	
Religion	
Nationality	
Contact No.	
E-mail Address	

QUALIFICATION *(please attach attested copies of the educational certificates)*

Qualification	Subject(s)/ Discipline	Duration	Year of Passing	Total Marks	Obtained Marks	Division/ Grade	%age	Board/ University
SSC								
Intermediate								
Bachelors								
Masters								
Other (s)								

EXPERIENCE *(please attach attested copies of the experience certificates)*

S.No	ORGANIZATION	DESIGNATION	FROM	TO
1				
2				
3				

Applicant's Signature

For office use only:

Serial No. _____

Remarks/Status _____

Recommendations _____

Registration Officer