

Dow University Hospital

PERFORMA FOR HOUSE JOB

Name: _____

D/o, S/o: _____

Gender: _____ Date of Birth: _____

Nationality: _____ Domicile: _____

NIC No: _____

Year of Graduation (MBBS): _____

College of Graduation: _____

University: _____

Awards: _____

Distinctions: _____

GPA final year: _____

Previous house job if any: _____

Address: _____

Landline: _____ Mob: _____

E-mail: _____

Dow University Hospital

Documents to be attached:

1. Photocopy of NIC
2. NOC of parent institution
3. Provisional Registration Certificate from PM & DC
4. Photocopy of Mark Sheets/ Provisional Certificate or degree

Signature; _____

Recommendations of house job committee: