

Name		Photo
Father Name		
Date of Birth		
National ID card #		
Telephone (Resident / Office)		
Mobile		
Email		
Address		
Blood Group		
Qualification		
Organization / Edu Institute		
Business Category / Job title		
Prominent Skills		
Secondary contact person Name + Relationship + Contact		

Instructions:

- Attach copy of National ID card.
- Under 18 years are required to attach copy of National ID card of Father/ Mother.
- Attach passport size photograph.

Please submit/ dispatch filled application on the address given below.

Pak Medical Centre
Address: Iqbal Town Defence Road, Sialkot. **Email:** hrm@pmcskt.pk **UAN:** 052 111 337 337

For concerned department use only:

Receiver Name:	
Approved by:	Sign:
Date of joining:	

Application Status: Accepted Rejected

Remarks: _____

Terms & Conditions

- I will not misuse of my belonging with PMC.
- I shell take care of my own valuables as PMC will not be reasonable for any loss or damage.
- I shell follow the rules, regulations and disciplinary practices and procedures of PMC.
- Incase of misconduct or indiscipline behaviour / activity, PMC reserves to terminate ambassdorship without any intimation.
- Token of appreciation will be given to those ambassadors who will complete ambassadorship satisfactorly.
- No stipend will be paid to any ambassador.
- I shell not disclose any internal information of the PMC and incase of doing this the organization reserve the right to take legal action against me.

- I hereby accept and agreed on above mentioned terms and conditions.

Sign: Date: