**APPLICATION FORM**

**FOR THE POSITION OF RESEARCH FELLOW**

***in the* NIHR Global Health Research Centre for Improving Mental and Physical Health Together *(IMPACT)***

***at Institute of Psychiatry, Rawalpindi Medical University***

**SECTION 1: PERSONAL PROFILE:**

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| **Title** | Dr/Mr/Miss/Mrs |
| **FIRST NAME** |  |
| **MIDDLE & LAST NAME** |  |
| **FATHER’S/ HUSBAND’S NAME** |  |
| **GENDER** | Male/Female |
| **DATE OF BIRTH** | Dd/Mm/Year |
| **NATIONALITY** |  |
| **PRESENT ADDRESS** | House #  Street #  Town/City:  Postal Code:  Country: |
| **PERMANENT ADDRESS** | House #  Street #  Town/City:  Postal Code:  Country: |
| **CONTACT NUMBERS** | Mobile:  Landline:  Office: |
| **E-MAIL ADDRESS** |  |

**SECTION 2: EDUCATIONAL QUALIFICATIONS**

Please enter your academic qualifications in chronological order, starting with the most recent one first and former most in the end. You can add or delete rows accordingly.

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| ***Sl no*** | **Degree/Certificate** | **Year** | **Institution** | **Major subjects** |
| ***1*** |  |  |  |  |
| ***2*** |  |  |  |  |
| ***3*** |  |  |  |  |
| ***4*** |  |  |  |  |
| ***5*** |  |  |  |  |

**SECTION 3: OTHER QUALIFICATIONS**

*Job-related trainings, courses, skills, honours, awards, and special accomplishments memberships in professional/honour*

*societies, leadership activities, public speaking and performance awards*

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You can add or delete rows accordingly.

**SECTION 4: PUBLICATIONS**

Please enter your publications in chronological order, starting with the most recent one first and former most in the end.

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You can add or delete rows accordingly.

**SECTION 5: WORK EXPERIENCE**

Please enter your employment record in chronological order, starting with the current or most recent one first and former most in the end.

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| **Job Title/**  **Position** | **Dates**  **from/to**  **(dd/mm/year)** | **EMPLOYER’S NAME, CONTACT DETAILS, E-MAIL & POSTAL ADDRESS** | **BRIEF DESCRIPTION OF YOUR DUTIES AND ACCOMPLISHMENTS** | **STARTING SALARY (PER ANUM)** | **ENDING SALARY (PER ANUM)** | **REASON FOR LEAVING** |
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You can add or delete rows accordingly.

**SECTION 6: REFERENCES**

Please give details of any three references, which can include your present or former employer. If you have not been employed before then please use a former teacher/tutor/lecturer. They should include individuals able to comment on your skills and abilities and on your suitability for the post for which you have applied. Please note that referees may be contacted prior or after the interview.

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| **FIRST REFEREE:**  FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JOB TITLE/POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORGANIZATION/INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT NUMBERS: MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SECOND REFEREE:**  FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JOB TITLE/POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORGANIZATION/INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT NUMBERS: MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **THIRD REFEREE:**  FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JOB TITLE/POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORGANIZATION/INSTITUTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT NUMBERS: MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 7: ADDITIONAL INFORMATION**

Please use this space to support your application including details of your past and present experience relevant to the position that you are applying for and reasons why you think you are suitable for the position (maximum 500 words)

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| **SECTION 8: APPLICANT’S DECLARATION**  *I understand that an appointment, if offered, will be on the condition that the information I have provided on this application form is correct. And I fully understand that falsification of any information can lead to my dismissal, if appointed.* | |
| *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_* |
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