

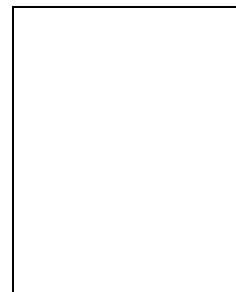


QUAID-E-AZAM MEDICAL COLLEGE

B.V.HOSPITAL / CIVIL HOSPITAL, BAHAWALPUR

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APPLICATION FORM (FOR DOCTORS FACULTY)

— For Official Use Only —

File No:

Signature:.....

POST APPLIED FOR

DATE OF SUBMISSION

CANDIDATE NAME

FATHER'S NAME:

DATE OF BIRTH:

AGE AT CLOSING DATE

GENDER

RELIGION

NATIONALITY

MARTIAL STATUS

1st ENTRY IN GOVT.SERVICE

DOMICILE

PRESENT POSTING

BPS

NATURE OF JOB

GRADUATION INSTITUTE

COUNTRY

POSTGRADUATION INSTITUTE

COUNTRY

PMDC#

VALIDITY

MAILING ADDRESS

MOBILE #

TEL(Res)

EMAIL

2. ACADEMIC QUALIFICATIONS:

Certificate/Degree	Institutions/ Country	Subject/ Specialty	Result Date	Exam Attempts	Marks / Total	%age	Distinctions/ Medal
Matric /SSC							
Intermediate/HSS							
PMDC Level – 1 MBBS,BDS etc.							
PMDC Level-II a Diploma etc. (1 Years after Level I)							
PMDC Level- II b M.Phil, MPH, MCPS etc. (2Years after Level I)							
PMDC Level- III FCPS, PhD, MD, MS, etc. (4Years after Level I)							
PMDC Level- IV 2 nd Fellowship, D.Sc etc. (2Years after Level III)							

3. MBBS/BDS etc. (Details):

	I st Prof.	2 nd Prof.	3 rd Prof.	Final Prof.	Total
Marks / Total					
Attempt					
Percentage					
Distinctions/Medals (Subject)					

(Note:Please attach attempt certificates, Mark sheets & evidence of Distinctions & Medals).

4. POST GRADUATION (Details):

Post Graduation (Subject)	Institution	Result Date	No. of Attempt(s)	Marks/Total, %	Positions/Medals if any

5. SERVICE RECORD:

Post Held	Department/ Institution	Govt. / Private	From	To	Duration
					Y - M - D

6. EXPERIENCE:

Date of Appointment as MO/WMO/DEMOS etc: _____ Date of Post graduation: _____

6 a. PRACTICAL EXPERIENCE (Before Post Graduation):

Post Held / Institution	From	To	Duration
			Y - M - D

6 b. PRACTICAL EXPERIENCE (After Post Graduation):

Post Held / Institution	From	To	Duration
			Y - M - D

	YES	NO
• Are you an armed force released/retired personnel:	<input type="checkbox"/>	<input type="checkbox"/>
• Has your last service been terminated by government, for want of vacancy:	<input type="checkbox"/>	<input type="checkbox"/>
• Have you obtained the explicit permission of your present employer to apply for this post:	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been dismissed/terminated/removed from any provincial/federal government / autonomous/semi-autonomous organization:	<input type="checkbox"/>	<input type="checkbox"/>
• Do you require any time before joining this Institution, if selected; How much:	<input type="checkbox"/>	<input type="checkbox"/>
• Are you under liability to repay money to any institution or person, state the particulars and also indicate the period for which you may be under bond to serve any institution:	<input type="checkbox"/>	<input type="checkbox"/>
• Have you any experience in your credit from a Private Hospital/ Institution in Pakistan:	<input type="checkbox"/>	<input type="checkbox"/>
• Have you any experience in your credit from a Hospital/ Institution of Foreign countries:	<input type="checkbox"/>	<input type="checkbox"/>
• Are you a Disabled person, if so, have you attached the disability certificate:	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION:

I do hereby solemnly declare that the information submitted by me in this application form is correct to the best of my knowledge and belief. I fully understand that the facts given above will serve as the basis for determination of my eligibility by the competent authority and my candidature so determined by the competent authority will stand provisional until it is verified in the application form and is produced after the closing date of submission of application form.

I also understand that if after the closing date for submission of application form my application is found incomplete, wrongly filled in, unsigned or not accompanied by the attested copies of other requisite documents, it will be liable to rejection, and that if any fact is concealed or miss-stated, in the above replies, i am liable to be terminated automatically.

Dated: _____

Candidate's Signature:

CHECKLIST:

PLEASE (✓) TICK IN THE BOX OF “YES OR NO” AGAINST THE CERTIFICATES AND OTHER DOCUMENTS WHICH YOU HAVE ATTACHED WITH THE APPLICATION FORM:

	YES	NO
MATRIC.....	<input type="checkbox"/>	<input type="checkbox"/>
INTERMEDIATE.....	<input type="checkbox"/>	<input type="checkbox"/>
MBBS/EQUIVALENT.....	<input type="checkbox"/>	<input type="checkbox"/>
HOUSE JOB CERTIFICATE.....	<input type="checkbox"/>	<input type="checkbox"/>
M. PHIL/PH.D/FCPS/EQUIVALENT	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATE OF DISTINCTION/HONOUR, IF ANY.....	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH PAPERS.....	<input type="checkbox"/>	<input type="checkbox"/>
EVIDENCE OF PMDC JOURNAL’S RECOGNITION.....	<input type="checkbox"/>	<input type="checkbox"/>
CNIC.....	<input type="checkbox"/>	<input type="checkbox"/>
DOMICILE CERTIFICATE.....	<input type="checkbox"/>	<input type="checkbox"/>
EXPERIENCE / SERVICE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATE OF REGISTRATION WITH PMDC	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF GOVT. SERVICE NOC CERTIFICATE.....	<input type="checkbox"/>	<input type="checkbox"/>
IF APPLYING ON THE BASIS OF EQUIVALENT QUALIFICATION CERTIFICATE OF EQUIVALENCE BY THE PMDC	<input type="checkbox"/>	<input type="checkbox"/>
IF LAST SERVICE WAS TERMINATED FOR WANT OF VACANCY CERTIFICATE OF SUCH SERVICE:	<input type="checkbox"/>	<input type="checkbox"/>
IN CASE OF EX-SERVICE MAN, DISCHARGE/RELEASE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
ANY OTHER DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>