QUAID-E-AZAM MEDICAL COLLEGE

B.V.HOSPITAL / CIVIL HOSPITAL, BAHAWALPUR

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File No: ……..

Signature:……

A P P L I C A T I O N F O R M

(FOR TEACHING FACULTY)

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	Regular/Contract/OCCB/OPS Etc.		
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 1)							
PMDC Level- II b M.Phil, MPH, MCPS etc. (2Years after Level 1)							
PMDC Level- III FCPS, PhD, MD, MS, etc. (4Years after Level I)							
PMDC Level- IV 2nd Fellowship, D.Sc etc. (2Years after Level III)							

3. MBBS/BDS etc. (Details):

	I st Prof.	2nd Prof.	3rd 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

7. TEACHING EXPERIENCE:

Post Held With	Specialty	Institution	From	To	Duration
Senior Registrar					
Assistant Professor					
Associate Professor					
Professor					
Others					

8. RESEARCH WORK AND PUBLICATIONS:

Topic of Paper	Name of Journal	Journal reg. with PMDC YES / NO	Nature of Article Original/Review/ Case Report	Date of Publication

(Please attach extra sheet if required. Please attach evidence of the Journals Recognization by PMDC).

	YES	NO
• Are you an armed force released/retired personnel:		
• Has your last service been terminated by government, for want of vacancy:		
• Have you obtained the explicit permission of your present employer to apply for this post:		
• Have you ever been dismissed/terminated/removed from any provincial/federal government / autonomous/semi-autonomous organization:		
• Do you require any time before joining this Institution, if selected; How much:		
• 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:		
• Have you any experience in your credit from a Private Hospital/ Institution in Pakistan:		
• Have you any experience in your credit from a Hospital/ Institution of Foreign countries:		
• Are you a Disabled person, if so, have you attached the disability certificate:		

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…….....……..... ……		
INTERMEDIATE…….…….……..		
MBBS/EQUIVALENT…….……		
HOUSE JOB CERTFICATE……..…		
M. PHIL/PH.D/FCPS/EQUIVALENT ……		
CERTIFICATE OF DISTINCTION/HONOUR, IF ANY……...		
RESEARCH PAPERS……...		
EVIDENCE OF PMDC JOURNAL'S RECOGNITION……..		
CNIC……..		
DOMICILE CERTIFICATE……..		
EXPERIENCE / SERVICE CERTIFICATE ……		
CERTIFICATE OF REGISTRATION WITH PMDC …….		
IN CASE OF GOVT. SERVICE NOC CERTIFICATE…….…….….		
IF APPLYING ON THE BASIS OF EQUIVALENT QUALIFICATION …… CERTIFICATE OF EQUIVALENCE BY THE PMDC		
IF LAST SERVICE WAS TERMINATED FOR WANT OF VACANCY CERTIFICATE OF SUCH SERVICE: ……		
IN CASE OF EX-SERVICE MAN, DISCHARGE/RELEASE CERTIFICATE …….		
ANY OTHER DOCUMENTS ……		