

MEDICAL TEACHING INSTITUTE, ABBOTTABAD
(Ayub Medical College – Ayub Teaching Hospital)

APPLICATION FORM -MEDICAL DIRECTOR

Name of Candidate: _____ Father Name: _____

CNIC No: _____ Date of birth: _____ Contact No. _____

Address: _____

Email: _____

Education & Qualification: _____ year

Basic Medical Education: _____

Post Graduate Medical Qualification: _____

Additional Qualification: _____

Professional Experience: Total Experience: _____ Yrs. Experience as a leader: _____ Yrs

- _____
- _____
- _____

Please use additional sheet if required

Publications:

S/No.	TITLE	JOURNAL	NUMBER IN THE AUTHOR LIST	IMPACT FACTOR IF ANY

Please use additional sheet if required

Presentation in national/international conferences/meetings:

S/No.	TITLE of PRESENTATION	NAME OF CONFERENCE/MEETING	YEAR OF PRESENTATION	COUNTRY OF PRESENTATION

Please use additional sheet if required

Journal editor:

- NAME OF JOURNAL _____

Journal Reviewer:

- NAME OF JOURNAL _____

Teaching:

1. Undergraduate: _____ yrs
2. Post Graduate: _____ yrs
3. CPSP Supervisor: _____ yrs
4. Teaching Award: _____ yrs

MEDICAL TEACHING INSTITUTE, ABBOTTABAD
(Ayub Medical College – Ayub Teaching Hospital)

Membership of National or International Societies:

Declaration

I _____ CNIC No. _____ hereby declare that the information I provided in my CV and application form for the post of Medical Director, Ayub Teaching Hospital is correct and that I have never been involved in any ethical or professional misconduct.

Signature: _____

Date: _____