



**MEDICAL TEACHING INSTITUTION AYUB
MEDICAL COLLEGE ABBOTTABAD**

APPLICATION FORM FOR DEPARTMENTAL CHAIRPERSON

Paste one
recent
Passport size
Photograph

Post Applied for: _____

Name (in block letters) _____

Father's Name, _____

Husband's Name _____
(for married ladies)

National Identity Card No. _____ Date of Birth _____

Religion _____ Marital Status _____

Domicile _____ Police Station _____

Permanent Address _____

Postal Address _____

Contact No. Residence _____ Cell _____ Email _____

Qualification	Degree Title	Year of Passing	Duration (Exact Dates)		University / Board / Institution	Certificate Attached Yes/No
			From	To		
Graduation						
Post Graduation						
Additional Qualification						

Distinctions in academics if any _____

PMC/ PMDC Reg: No _____ PMC/ PMDC Faculty Registration Attached Yes/No _____

* Present Position Held with Date of Appointment _____

* Experience in Chronological order starting from the **Present Job**.

WORK EXPERIENCE						
S.No	Post Held with Scale	Department	Name of Institution	Duration (Exact Dates)		Certificate Attached Yes/No
				From	To	
1						
2						
3						
4						
5						

RESEARCH PUBLICATIONS							
S.No	Title of Publication/ Original Article/ Case Report/ Editorial	As Author No	Journal Name	Issue No	Year of Publication	Impact Factor (if Any)	Publication Attached Yes/No
1							
2							
3							
4							
5							

I hereby solemnly affirm that the information given above is correct according to my best belief and knowledge.

Date: _____

SIGNATURE OF CANDIDATE

Attested copies of following Documents must be attached:

- Degree(s)
- Academic Certificate (MBBS/BDS)
- Valid PMC/ PMDC Registration
- Domicile Certificate
- C.N.I.C.
- Degree of Additional Qualification (If any)
- Experience Certificate (if any) recognized by PMC/ PM&DC.
- NOC from Present Employer.
- Distinction/Merit Certificate - 1st in 1st, 2nd, 3rd & Final Prof MBBS/BDS (if any).

* **(Use separate sheet if needed)**