



**MEDICAL TEACHING INSTITUTION
AYUB MEDICAL COLLEGE
ABBOTTABAD**

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APPLICATION FORM FOR TEACHING POSTS

Post Applied For: _____

Bank Draft No. _____ **Dated:** _____

Bank Name and Code: _____

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	Year of Passing	Marks obtained	Total Marks	Attempts	School/Board/University	Certificate Attached Yes/No
Graduation						
1 st Professional						
2 nd Professional						
3 rd Professional						
4 th Professional						
Final Professional						

Post graduation	Year of Passing	Duration	Attempts	University/Board/Institution	Certificate Attached Yes/No

- Name of the Post graduation Training Institution _____

- Name of Supervisory Faculty (Post graduation) _____

- Qualification of the Supervising _____

- Faculty (if known) _____

- Distinctions in academics if any _____

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

Present position with date of appointment _____

* Experience in Chronological order starting from the present job.

Post with Scale	Name of Institution	Duration (Exact dates)		Certificate Attached Yes/No
		From	To	

*** DETAILS OF RESEARCH PUBLICATIONS**

S.No	Title of Publication	Author No	Journal Name	Year of Publication	PMDC Recognized	Impact Factor Value	Attached (Yes / No)

DETAILS OF REFEREES

Name of 3 Referees in which 02 shall be professional and 01 personal with the following details must be furnished.

Referee No. 1 (Professional)

1. Name of Referee _____
2. Designation _____
3. Organization Name: _____
4. Position held with Referee _____
5. Period served with Referee (in months –years) _____
6. Referee Contact Number (Land line) _____
7. Referee Mobile Number _____
8. Email: _____
9. Years of acquaintance (in case of personal referee) _____

Referee No. 2 (Professional)

1. Name of Referee _____
2. Designation _____
3. Organization Name: _____
4. Position held with Referee _____
5. Period served with Referee (in months –years) _____
6. Referee Contact Number (Land line) _____
7. Referee Mobile Number _____
8. Email: _____
9. Years of acquaintance (in case of personal referee) _____

Referee No. 3 (Personal)

1. Name of Referee _____
2. Designation _____
3. Organization Name: _____
4. Position held with Referee _____
5. Period served with Referee (in months –years) _____
6. Referee Contact Number (Land line) _____
7. Referee Mobile Number _____
8. Email: _____
9. Years of acquaintance (in case of personal referee) _____

I hereby solemnly affirm that the information's given above are 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 PMDC Registration
- Domicile Certificate
- C.N.I.C.
- Degree of Additional Qualification (If any)
- Experience Certificate (if any) recognized by PM&DC.
- House Job completion certificate
- NOC from present Employer.
- Distinction/Merit Certificate - 1st in 1st, 2nd, 3rd & Final Prof MBBS/BDS (if any).

* (Use separate sheet if needed)