



**MEDICAL TEACHING INSTITUTION AYUB  
MEDICAL COLLEGE ABBOTTABAD**

**APPLICATION FORM FOR DEPARTMENTAL CHAIRPERSON**

**Post Applied for:** \_\_\_\_\_

Name (in block letters) \_\_\_\_\_

Father's Name, \_\_\_\_\_

Husband's Name  
(for married ladies) \_\_\_\_\_

National Identity Card No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact No. 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						
Any qualification in Medical Education						

PMDC Reg: No \_\_\_\_\_ PMDC Faculty Registration **Attached** Yes/No \_\_\_\_\_

\* Present Position Held with Date of Assuming Charge \_\_\_\_\_

\* Experience in Chronological order starting from the Senior post held.

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

RESEARCH PUBLICATIONS (OTHER THAN REQUIRED FOR PROMOTION)							
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							

Administrative Skills (Title)	Description	Documents Attached Yes/No

Documented Contribution towards uplift/improvement of the respective department/ institution	Description	Documents Attached Yes/No

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:**

<ol style="list-style-type: none"> <li>1. Degree(s)</li> <li>2. Academic Certificate (MBBS/BDS)</li> <li>3. Valid PMDC Faculty Registration</li> <li>4. C.N.I.C.</li> <li>5. Degree of Additional Qualification (If any)</li> <li>6. Experience Certificate recognized by PM&amp;DC.</li> <li>7. Experience certificate issued by institution</li> </ol>	<ol style="list-style-type: none"> <li>8. Documented Administrative skill/experience / diploma of administration.</li> <li>9. Recognized Certificate in Health Professional Education.</li> <li>10. NOC from Institution.</li> </ol>
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\* **(Use separate sheet if needed)**