Form No.	Form	No.			
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KING EDWARD MEDICAL UNIVERSITY, LAHORE.



APPLICATION PERFORMA TEACHING FACULTY (BASIC & CLINICAL)

Please attach two recent color photographs here

Post applied for					
Name of applicant (in Block Letter):					
S/o, D/o, W/o:					
Date of Birth: DD/MM/YY/_	Age	Years:	Month:	Days:	
ID Card Number (Computerized)	(on the last	date of subm	ission of app	lication Nat	ional
Domicile:		Provin	ce:		
PM&DC Reg. No		Valid Upto: _			
Marital Status: Unmarried	Married	Widow	red		
Telephone Number: Mobile		PTCL:			
Email:@					
Interests: Professional					
Personal/ Hobbies					
Postal Address: (where interview call is	s to be sent).				

Basic Medical Qualifications

Qualification	Year	Institution & City	Total Marks	Marks Obtained	%	Attempts
Matriculation/ GCE						
F.Sc						
1 st Prof. MBBS						
2 nd Prof. MBBS						
3 rd Prof. MBBS						
Final Prof. MBBS						
Please calculate marks of all p	rofession	nal result and also				
calculate percentage						

House Job

Per	iod	Total Duration	Subject	Hospital/Institution
From	То			

(Please attach copies of all relevant documents)

Postgraduate Medical Qualification

Qualification	Year	Institution

(Please attach copies of all relevant documents)

Academic Honors Achieved: (Matric/ F.Sc/ MBBS/ Post-Graduation)

Qualification	Year	Institution

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Designation	Hospital/Ins	titution	Pe	eriod	Duration
			From	То	
Please attach	copies of all re	elevant docur	nents) Plea	ase attach extra sh	eet if required
Danar Drasant	od/Educations	1 Courses/ Ti	raining Warkshop	a Attondod	
	eu/ Euucationa		raining Workshop	S Attended	
Course					
(Please attac	ch copies of all	relevant doc	cuments) Plea	ase attach extra sh	eet if required
Publications (l	Mention only th	e ones publis	shed in indexed io	urnals) Total:	
(National)					
Name of Journ	nal	Topic		Author Position	
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
Name of Journ	nal	Topic			
		Topic			
Name of Journ		Topic			

		es		
(Pl	ease attach copies of all relevant	documents)	Please attach extra	sheet if required
21				
	e write YES or NO against the pho attached with the application.	otocopies of	certificates and other d	ocuments which you
lave	attached with the application.			
a)	Matriculation	b)	F.Sc	
c)	All Professional Result Cards	d)	MBBS Degree	
e)	Attempt Certificate	f)	Character Certificate Institute last attended	
g)	Postgraduate Degree	h)	PMDC Registration u	pto date
i)	Experience Certificate including House Job	j)	Ce rtificate of any distinction/ achievement	
k)	Research Publications	1)	NOC if you are Gover Servant	rnment
Any	other			
ne in full	e filled this application form care this application form are correct wounderstand that if my applicated photocopies of all the relevant	to the best of ion is incon	of my knowledge. nplete, unsigned or not	t accompanied by the