

KING EDWARD MEDICAL UNIVERSITY, LAHORE



JOB APPLICATION PROFORMA FOR 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
(on the last date of submission of application)

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Domicile: _____ Province: _____

PM&DC Reg. No.: _____ Valid Upto: _____

Marital Status: Single _____ Married _____ Widowed _____

Telephone Number: _____ Mobile: _____ PTCL: _____

Email Address: _____ @ _____

Interests: Professional: _____

Personal/ Hobbies: _____

Postal Address: (where interview call is to be sent).

Basic Medical Qualifications

Qualification	Year	Institution & City	Total Marks	Marks Obtained	% age	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 professional result and also calculate percentage						

House Job

Period		Total Duration	Subject	Hospital/ Institution
From	To			

(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

Service Experience

Designation	Hospital/ Institution	Period		Duration
		From	To	

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Paper Presented/ Educational Courses/ Training Workshops Attended

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Publications (Mention only the ones published in indexed journals) Total: _____

Name of Journal	Topic	Author Position
NATIONAL		
INTERNATIONAL		
BOOK		

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Sports and other Co-Curricular Activities

(Please attach copies of all relevant documents) Please attach extra sheet if required

Checklist

Please write YES or NO against the photocopies of certificates and other documents which you have attached with the application.

A	Matriculation		B	F.Sc	
C	All Professional Result Cards		D	MBBS Degree	
E	Attempt Certificate		F	Character Certificate from Institute last attended	
G	Postgraduate Degree		H	PMDC Registration upto date	
I	Experience Certificate including House Job		J	Certificate of any distinction/achievement	
K	Research Publications		L	NOC if you are Government Servant	
Any other					

I have filled this application form carefully. I do hereby solemnly declare that replies given by me in this application form are correct to the best of my knowledge.

I fully understand that if my application is incomplete, unsigned or not accompanied by the attested photocopies of all the relevant documents including research papers, it will be rejected.

Dated: _____

Signature of candidate