

## QUETTA INSTITUTE OF MEDICAL SCIENCES, QUETTA CANTT

Paste 2 Recent Photographs

## Employment Form Faculty

POST APPLIED FO.	R :	Anx A
Department	:	ı

## **INSTRUCTIONS**

- 1. Please answer each and every question clearly and completely. Before submitting this form ensure that it is complete and the required Documents are enclosed. Failure to do so will render the application liable to summary rejection.
- 2. Attach copies of all testimonials attested by the Gazetted Officer 17 or above.
- 3. Candidates will have to appear for test and interview at their own cost and without any obligation to the QIMS.

SECTI	ION - 01	(PERSONAL	INFORMA	TION)				
	Note: Plea	se Fill All	Data wit	h Block	Letter	s.		
1	Name (According to CNIC / Passport)							
2	Father's / Husband Name (According to CNIC / Passport)							
3	Mother Tongue			Religio	n			
4	Date of Birth (DD/MM/YYYY)							
5	Place of Birth			Provinc	e			
6	CNIC No.							
7	Postal Address (For Correspondence)							
8	Permanent Address							
9	Tel # (Home)			Mobile	#			
10	Email Address							
11	Marital Status		Married	0		Single	0	
12	Local / Domicile		Local	0		Domicile	0	
13	Place of Local / Domicile		Yes	O N	• 🔾	No:		
14	PMDC Registration		Yes	O N	• 🔾	No:		
15	Faculty Registration:		Yes	O N	• 🔾	No:		
16	Teaching Experience:		Yes	O N	• O			

S	SECTION - 02 (ACADEMIC RECORD)											
	Note:	Start	with	the	most	t rece	ent Qua	lifica	ation	attained	•	
S.No.	Name	of Institu	ution		С	Degree N	lame	Passii	ng Year [	Division / Gra	de Any	Position
1												
2												
3												
4												
5												
6												
7												
8												
SECTI	ON - 03						oficie propria		tion.			
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	Language		Good	F	air	Poor	Good	Fair	Poor	Good	Fair	Poor
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## (Experiences)

Start with your present post, put in reverse order of employment during the last ten years and any significant experience not included in that which you believe will be helpful in evaluating your record.

1:	Appointment	
	Medical College/Hospital	Total Experience
2:	Professor	
	Medical College/Hospital	Total Experience
3:	Associate Professor	Total Experience
	Medical College/Hospital	Total Experience
4:	Assistant Professor	
	Medical College/Hospital	Total Experience
5:	Snr Registrar/ Snr Demo	
	Medical College/Hospital	Total Experience
6:	Registrar/ Demonstrator	
	Medical College/Hospital	Total Experience
7:	Medical Officer	
	Medical College/Hospital	Total Experience
8:	BMS Experience	Total Experience
9:	Clinical Experience	Total Experience
10:	Other Experience	Total Experience

SECTION - 05	(Research Publications)		
Title		Date of Publication	
Journal (Please Specify Volume)			
Title		Date of Publication	
Journal (Please Specify Volume)			
Title		Date of Publication	
Journal (Please Specify Volume)			
Title		Date of Publication	
Journal (Please Specify Volume)			
Title		Date of Publication	
Journal (Please Specify Volume)			

	FOR OFFICIAL USE ONLY	
	OFFICE COPY	
	It is certified that	
The candidate (Mr / Ms)		
has applied for the post		
on dated		
and certify that he / she has s	submitted all the relevant documents thereof.	
Name:		
Designation:		
Signature:		
Signature.		
	FOR OFFICIAL USE ONLY	
	FOR OFFICIAL USE ONLY  ACKNOWLEDGMENT COPY	
The candidate (Mr / Ms)	ACKNOWLEDGMENT COPY	
_	ACKNOWLEDGMENT COPY	
has applied for the post	ACKNOWLEDGMENT COPY  It is certified that	
has applied for the post on dated	ACKNOWLEDGMENT COPY	
The candidate (Mr / Ms)  has applied for the post  on dated  and certify that he / she has s	ACKNOWLEDGMENT COPY  It is certified that	
has applied for the post on dated	ACKNOWLEDGMENT COPY  It is certified that	

Designation:

Signature:

Check List (Please Click the Appropriate Option)						
S.No.	Detail of Particulars	YES	NO			
1	3 Passport size photographs	O	O			
2	Copies of CNIC attached	O	0			
3	Copies of Local / Domicile attached	O	0			
4	Matric Degree	O	0			
5	Matric (Detail Mark Sheet)	O	O			
6	Intermediate Degree	O	O			
7	Intermediate (Detail Mark Sheet)	O	0			
8	Graduation Degree	C	0			
9	MBBS & Faculty Registration					
10	Master Degree	-C	0			
11	FCPS	O	0			
12	M. Phil Certificate	O	O			
13	Others/ Qualifications	O	0			
14	Post Doctorate Degree	С	0			
15	All Experience Certificates (as shown / mentioned in the Employment Form)	O	О			
16	Employment Form completed in all respects	O	0			
17	Reference of past job has mentioned in the Employment Form	С	O			
18	All related documents are attached with the Employment Form in the correct order	С	0			
19	PMDC Registration Certificate	O	0			
	ANY OTHER DOCUMENTS					
20		O	O			
21		O	O			
22		O	0			
Note: A B C	Please attach 01 Copy of each document Incomplete form in any respect will not be entertained Form received by HR Department					