



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM FOR FACULTY

1.	Name of Post & BPS													2 Photographs (Passport Size)			
2.	Name of Candidate																
3.	Father's Name																
4.	Date of Birth																
5.	Nationality																
6.	Domicile (Please \surd any one)	Punjab	<input type="checkbox"/>	Sindh -Rural	<input type="checkbox"/>	Sindh-Urban	<input type="checkbox"/>	Khyber Pakhtunkhwa	<input type="checkbox"/>								
		Baluchistan	<input type="checkbox"/>	Gilgit Baltistan	<input type="checkbox"/>	FATA	<input type="checkbox"/>	AJK	<input type="checkbox"/>	Federal	<input type="checkbox"/>	Merit	<input type="checkbox"/>				
7.	Email Address																
8.	Postal Address																
9.	Permanent Address																
10.	Telephone Number																
11.	PMC No.																
12.	CNIC No.						-									-	

13. ACADEMIC RECORD / QUALIFICATION

(Start with the highest degree)

Degree/ Certificate	Passing Year	Div./ Class	Major Subjects	Name of Board / University

Academic distinction (Attached distinction letter)

14. EXPERIENCE IN DETAIL IN RELEVANT FIELD

Name of Institute/ Organization/ Hospital	Position	From	To	Total Experience		
				Years	Months	Days

(Please attach separate list on the same format, if required)

15. LIST OF PUBLICATIONS IN JOURNALS HAVING IF (IMPACT FACTOR)

Sr #	Name of Author	Complete Name of Journal and address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No	Year Published	Impact Factor	Link

(Please attach separate list on the same format, if required)

16. LIST OF DOCUMENTS TO BE ATTACHED

- a) Original Pay Order/ Bank Challan
- b) Answered all relevant fields.
- c) Enclosed an NOC from current employer (No Objection Certificate)
- d) Enclosed Experience certificate from employer.
- e) Enclosed attested copies of:
 1. Matriculation / O Level
 2. Intermediate / A Level
 3. DMCs of all MBBS/BDS professional examinations.
 4. MBBS/BDS Degree
 5. All Master/M.Phil. /PhD degrees
 6. Equivalence certificate issued by HEC in case of foreign degree
 7. CNIC No.
 8. Domicile certificate.
 9. Three photographs in blue background.
 10. Valid PMC Registration
 11. Copy of Publication (If any)

I Dr/ Mr. /Ms. _____ hereby solemnly declare that the information provided by me for the appointment under BPS/TTS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, I shall be liable for the criminal proceeding under the relevant law and my appointment shall stand terminated.

/ /
_____ **Date**

Signature of the Candidate

Note:- Incomplete application or any application submitted after due date shall stand rejected. Any sort of influence will also be accountable to non-consideration for further processing.