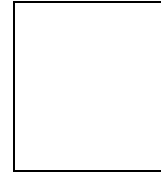




SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

PERFORMA FOR FACULTY EXPERIENCE REGISTRATION



NAME: _____ FATHERS NAME _____

PMC Registration No: _____, PMC Faculty Registration No. _____

Fee details: **Voucher No.** _____, Amount(tick appropriate): Regular **Rs. 8,000 /-**
(deposit made within First week of each month)

With Surcharge **Rs. 15,000/-** (deposit made after 1st week of same month) – Fee to be deposited in National Bank of Pakistan(NBP- PIMS Branch, Islamabad) on prescribed red color University Voucher only.

Bank Branch Name _____, Date of Deposit _____

Bank Address & Branch Code: _____

Postal Permanent Address _____

Contact Cell #: _____, Office/Home # _____

Email Address(ALL CAPS) _____

Present Faculty Post(Regular): _____ BPS/TTS/Others _____

Date of appointment _____

Name of Institution/Hospital _____

Details of Publications(only published Research Articles*):

Name of Publications	Name of HEC/PMC recognized Journals with details, date of recognition of the publications	Author, ISSN details, Date of Accreditation in journal by PMDC/Competent Institute(this University- Journals Section)



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- * 1. Original Research Articles.
- 2. Systematic Review.
- 3. Meta Analysis.



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Previous recognized experience Certificates(if issued):

Experience Certificate No with date of Issuance	Issued by (PMDC)	Name and designation of the Officer that had issued certificate

Signatures of Applicant: _____

For Official Use only:

Received by Mr./Ms. _____, SZABMU Diary No. _____,

Date of submission of Faculty experience Performa at the Registrar Office _____

(Note: this is not the actual date of application, the actual date starts after receiving of all completed codal formalities -deficient if any)

Official Diary Stamp(Registrar Office):



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Terms & Conditions for Issuance of the Faculty Experience Certificate:

1. As per SOP, the applicant is required to fill in the details mentioned above and submit & attach the fee voucher. Attach all required documents in hardcopies (attested copies of Transcripts- Matric & Onwards, degrees/PM&DC/PMC Faculty Registration Certificate/publications and all relevant documents as per page 1-3).
2. Deposit the applicable fee for the Faculty Experience Certificate. **(Regular Rs. 8,000 /- for deposit made within first week of the Month. (With Surcharge) or late fee Rs. 15,000 /- with deposit made after 08th day of the Month later until one week before the date of SRC Meeting. The processing fee is not refundable in any way if deposited.**
3. The Decision of the Standing Recognition Committee (SRC), SZABMU regarding issuance of Faculty Experience Certificate shall be final.
4. Minimum processing time for each case shall be 4-6 weeks from date of submission of valid application (with all required documents).
5. In case of submission of false documentation, the case will not be processed. No fee shall be refunded for such cases. The University reserves the right to take legal proceedings against such applications. The Authority shall have the power to recall, modify, or cancel the experience certificate issued in such case.
6. The experience certificate shall be issued by the Registrar, SZABMU on the recommendations of the SRC, SZABMU.
7. This certificate has been prepared by SZABMU staff on the basis of documents of appointment/publication(s) submitted by applicant doctor concerned/ Principal/ Dean/ Vice Chancellor/ Rector of the Institution or MS of a recognized teaching hospital where the applicant doctor concerned is working and all liabilities in this manner lie with the such applicant doctor concerned or issuing authority (College/ hospital/ University/ DAI).
8. The terms and conditions are liable for change from time to time.



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LIST OF SUPPORTING DOCUMENTS AS MANDATORY DOCUMENTS

The list of supporting documents as mandatory documents (Attested Copies) to be submitted with the Application Performa for Faculty Experience Certificate:

1. Deposited Fee Challan(In Original), with fee to be submitted at National Bank of Pakistan, PIMS Branch on Prescribed University voucher.
2. Affidavit on the approved format.
3. Latest Photograph.
4. CNIC(Front and Back)
5. PM&DC/PMC Valid Registration Certificate.
6. HSSC, MBBS, All Professional Transcripts and Degrees.
7. FCPS/MD/MS/MDS/M.Phil/PhD or any other Degree for Postgraduate Qualification.
8. Full Journal Article with cover page of the Journal in which it was published(for each Publications)
9. PMC Faculty Registration Certificate.
10. All Certificates (PMC/PM&DC) recognizing previous experience.
11. All Official Notifications(Appointments, Joining, Charge Assumptions etc)



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SPECIMENT OF AFFIDAVIT ON STAMP PAPER OF RS. 10/-

FOR ISSUANCE OF EXPERIENCE CERTIFICATE

I, Dr. _____ S/O, D/O _____

PMC REG No. _____ Resident of

—

Do hereby solemnly affirm as under:-

1. I am submitting my documents to the Standing Recognition Committee(SRC), SZABMU for the issuance of experience certificate for the purpose

2. I am fully aware that in selected cases considerable more time shall be required and I shall not pressurize for any hurry.
3. I am submitting these documents purely on my own risk and I will not hold Standing Recognition Committee, SZABMU responsible for delay etc.
4. I am fully aware that submitting this application is in my own interest and shall wait patiently till SRC responds.
5. I understand that the processing fee is not refundable.
6. The above mentioned facts are true to the best of my knowledge.

(Deponent)

Signature and seal of the Notary Public/Oath Commissioner