

Check List

- Submit your documents through HOD for Counter signature of the Vice Chancellor in diary section (Room No.1) KEMU, for the issuance of your pay slip.
- The Following documents are required for newly appointed Doctors/ Officer of KEMU, after receiving their offer of the appointment letters.

Basic Department:-

Sr. No	Detail of Documents	Remarks
1.	Offer of the appointment	
2.	Joining Report	
3.	Office Order from Vice Chancellor	
4.	Take Over charge report	
5.	Certificate of Government Accommodation	
6.	Certificate of Specimen Signatures	
7.	Affidavit of NPA on 100 rupees stamp paper duly attested by notary public	
8.	Affidavit of transfer for the Place of posting. stamp paper duly attested by notary public	
9.	Certificate of NPA to R.A	
10.	Certificate of Teaching Allowance to R.A	
11.	Certificate of Teaching Allowance to A.G Punjab	
12.	Certificate of Incentive Allowance	
13.	Medical Certificate (original)	
14.	Checked and verified	

KING EDWARD MEDICAL UNIVERSITY, LAHORE

TAKING OVER CHARGE REPORT



Certified that I _____ have this day before/afternoon

Take over the charge as _____ at KEMU.

Vide letter No. _____, Dated. _____

Purpose: _____

Head of the Department

*Signature of Government Servant
Taking Over the Charge*

Date forenoon /afternoon. _____.

OFFICE OF THE VICE CHANCELLOR,
KING EDWARD MEDICAL UNIVERSITY, LAHORE

No. _____ KEMU/19

DATED: _____ /2019.

From

The Vice Chancellor,
King Edward Medical University,
Lahore.

To

1. The Secretary to Government of the Punjab Specialized Healthcare & Medical Education Department, Lahore
2. The Accountant General, Punjab, Lahore.
3. The Treasurer, KEMU, Lahore.
4. The Assistant Director, Human Resources, KEMU, Lahore
5. The I.T Department, KEMU, Lahore.
6. The Assistant Accounts Gazetted Staff, KEMU, Lahore.
7. Dr. _____ forwarded certificate declaring that the charge of the Office of _____ King Edward Medical University, Lahore .

TAKE OVER

by _____

on the forenoon/afternoon. _____

Vice Chancellor,
King Edward Medical University,
Lahore

pkh/6

CERTIFICATE

1. Certified that I have not been provided with any Government accommodation for residential purpose.
2. Certified that I have not been residing within premises of the University with my family
3. Certified that I am not living with my relative, etc, in a house provided to him by the Government with necessary permission of the Estate Officer to the sharing of Government Accommodation.

Signature_____

Head of the Department

Name:
Designation:
King Edward Medical University,
Lahore.

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

MSK

SPECIMEN SIGNATURE

This is to certify that I Dr. _____
appointed as _____ at King Edward
Medical University, Lahore, the specimen signatures are given below:-

1. _____

2. _____

3. _____

Signature _____

Head of the Department

Dr. _____
King Edward Medical University,
Lahore

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

Handwritten initials

AFFIDAVIT

This is to Certify that I Dr. _____
son/wife/daughter _____ CNIC NO _____
was appointed as _____ at King Edward Medical University,
Lahore _____ vide
orderNO _____ dated: _____ .Residence _____

has neither indulged in any kind do private practice nor intends to do so that I may
be allowed to draw N.P.A. as admissible under the rules with effect from
_____ forenoon/afternoon.

Signature

Dr. _____

Designation _____

Department _____

King Edward Medical University, Lahore.

On =100/ Rupees stamp paper duly attested by Notary public.

alv

AFFIDAVIT

I have been appointed as _____ vide order
No. _____ dated _____ CNIC No. _____
R/O _____ has
been appointed as _____ in the Department of
_____, King Edward Medical University, Lahore and ,

I, solemnly affirm that during my appointment in this University,
will neither request for transfer from the place of my posting, and nor
will ask for transfer from this University to any other institution

Signature

Dr. _____

Designation _____

Department _____

King Edward Medical University, Lahore.

On =100/ Rupees stamp paper duly attested by Notary public.

Handwritten initials

To,

The Resident Auditor,
King Edward Medical University,
Lahore.

CERTIFICATE

Certified that Dr. _____ King Edward
Medical University, Lahore has neither indulged in any kind do private practice nor
intends to do so that I may be allowed to draw N.P.A. as admissible under the rules with
effect from _____ forenoon/afternoon.

Signature _____

Head of the Department

Dr. _____
King Edward Medical University,
Lahore

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

rw

To,

The Resident Auditor,
King Edward Medical University,
Lahore.

CERTIFICATE

Certified that Dr. _____ is working as
_____ King Edward Medical University,
Lahore w.e.f. _____.

He/She may be allowed to draw the teaching allowance as per permissible
under the rules.

Signature _____

Head of the Department

Dr. _____
King Edward Medical University,
Lahore

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

Handwritten initials

To,

The Accountant General Punjab,
Lahore.

CERTIFICATE

Certified that Dr. _____ is working as
_____ King Edward Medical University,
Lahore w.e.f. _____.

He/She may be allowed to draw the teaching allowance as per permissible
under the rules.

Signature _____

Head of the Department

Dr. _____
King Edward Medical University,
Lahore

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

12/16

CERTIFICATE

Certified that Dr. _____ is working as
_____ in the
Department of _____, King Edward Medical University,
Lahore. It is further certified that he/she is hereby allowed to draw the "Incentive
Allowance" with effect from _____ as directed vide Government
of the Punjab, Health Department's letter No. S0(ND)2-26/2004(P-11), dated
17.01.2007.

Signature _____

Head of the Department

Name:
Designation:
King Edward Medical University,
Lahore.

COUNTERSIGNED

Vice Chancellor,
King Edward Medical University,
Lahore

nlw/b

MEDICAL CERTIFICATE OF FITNESS
ENTRY INTO KEMU SERVICE

Name _____ Father's Name _____

Residential Address _____

Mark of identification _____ NIC No. _____

Signature of the Candidate _____

We, on this dated, have examined _____ and found him/her physically and medically fit/not to be employed in the Institution.

Prof. Syed Muhammad Asghar Naqi _____ Dated: _____
Professor of Surgery

Prof. Sajid Abaidullah _____ Dated: _____
Professor of Medicine

Prof. Zahid Kamal _____ Dated: _____
Professor of Ophthalmology

mb 6