

Form No.

# KING EDWARD MEDICAL UNIVERSITY, LAHORE



## APPLICATION PROFORMA FOR Certificate in Medical Teaching

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 National

|             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |
|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|
| CNIC Number |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  | - |
|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|

Domicile: \_\_\_\_\_ Province: \_\_\_\_\_

PM&DC Reg. No. /Regulatory Authority: \_\_\_\_\_ Valid Upto: \_\_\_\_\_

Telephone Number: Mobile \_\_\_\_\_ PTCL: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Interests: Professional \_\_\_\_\_

Personal/ Hobbies \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Basic Qualifications**

| <b>Qualification</b>                   | <b>Year</b> | <b>Institution &amp; City</b> | <b>Total Marks</b> | <b>Marks Obtained</b> | <b>%</b> | <b>Attempts</b> |
|--|-------------|-------------------------------|--------------------|-----------------------|----------|-----------------|
| <b>Matriculation/ GCE / Graduation</b> |             |                               |                    |                       |          |                 |
|  |             |                               |                    |                       |          |                 |
|  |             |                               |                    |                       |          |                 |
|  |             |                               |                    |                       |          |                 |
|  |             |                               |                    |                       |          |                 |

**Postgraduate Qualification**

| <b>Qualification</b> | <b>Year</b> | <b>Institution</b> |
|----------------------|-------------|--------------------|
|                      |             |                    |
|                      |             |                    |
|                      |             |                    |
|                      |             |                    |

(Please attach copies of all relevant documents)

**Teaching Experience**

| <b>Designation</b> | <b>Hospital/ Institution</b> | <b>Period</b> |           | <b>Duration</b> |
|--------------------|------------------------------|---------------|-----------|-----------------|
|                    |                              | <b>From</b>   | <b>To</b> |                 |
|                    |                              |               |           |                 |
|                    |                              |               |           |                 |
|                    |                              |               |           |                 |
|                    |                              |               |           |                 |
|                    |                              |               |           |                 |
|                    |                              |               |           |                 |

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

**Paper Presented/ Educational Courses/ Training Workshops Attended**

| Course |  |  |
|--------|--|--|
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |
|        |  |  |

(Please attach copies of all relevant documents)

Please attach extra sheet if required

**Publications**

**Total:** \_\_\_\_\_

| Name of Journal      | Topic | Author Position |
|----------------------|-------|-----------------|
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
| <b>INTERNATIONAL</b> |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
|                      |       |                 |
| <b>BOOK</b>          |       |                 |
|                      |       |                 |
|                      |       |                 |

(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

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

|           |                        |  |    |   |  |
|-----------|------------------------|--|----|---|--|
| a)        | Graduation             |  | b) | MBBS Degree / Other Degree                          |  |
| c)        | Postgraduate Degree    |  | d) | Character Certificate from Institute last attended  |  |
| e)        | Experience Certificate |  | f) | PMDC Registration upto date or Regularity Authority |  |
| g)        | Research Publications  |  | h) | Certificate of any distinction/achievement          |  |
| 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*