



PRIME MEDICAL AND DENTAL COLLEGE ISLAMABAD

APPLICATION FORM:

Paste one
recent
Passport Size
Photograph

FOR Faculty Position: _____

Name (in block letters) _____

Father's Name, _____

Husband's Name
(for married ladies) _____

National Identity Card No. _____ Date of Birth _____

Religion _____ Marital Status _____

Domicile _____ Police Station _____

Permanent Address _____

Postal Address _____

Contact No. Residence _____ Cell _____ Email _____

Qualification	Year of Passing	Marks obtained	Total Marks	Attempts	School/Board/University	Certificate Attached Yes/No
Graduation						
1 st Professional						
2 nd Professional						
3 rd Professional						
4 th Professional						
Final Professional						

Post-graduation	Year of Passing	Duration	Attempts	University/Board/Institution	Certificate Attached Yes/No

- Name of the Post-graduation Training Institution _____
 - Name of Supervisory Faculty _____
(Post-graduation)
 - Qualification of the Supervising _____
 - Faculty (if known) _____
 - Distinctions in academics if any PMDC Reg: No _____
 - PMDC Faculty Registration Attached Yes/No _____
- Present position with date of appointment _____

* Experience in Chronological order starting from the present job.

Post with Scale	Name of Institution	Duration (Exact dates)		Certificate Attached Yes/No
		From	To	

DETAILS OF RESEARCH PUBLICATIONS

S.No	Title of Publication	Author No	Journal Name	Year of Publication	PMDC Recognized	Impact Factor Value	Attached (Yes / No)

DETAILS OF REFEREES (If Any)

Name of 3 Referees

I hereby solemnly affirm that the information's given above are correct according to my best belief and knowledge.

Date: _____

SIGNATURE OF CANDIDATE

Attested copies of following Documents must be attached: Where Required.

- | | |
|-----------------------------------|--|
| ▪ Degree(s) | ▪ Degree of Additional Qualification (If any) |
| ▪ Academic Certificate (MBBS/BDS) | ▪ Experience Certificate (if any) recognized by PM&DC. |
| ▪ Valid PMDC Registration | ▪ House Job completion certificate |
| ▪ Domicile Certificate | ▪ NOC from present Employer. |
| ▪ C.N.I.C. | ▪ Distinction/Merit Certificate - 1 st in 1 st , 2 nd , 3 rd & Final Prof MBBS/BDS (if any). |

* (Use separate sheet if needed)