



## SECTION-B

### Qualifications:

Sr. #	Qualification	Degree Title / Discipline	Year	Institution	Board / University	Total Marks	Marks Obtained	Percentage %	Division
1.	Matriculation or equivalent								
2.	Intermediate or equivalent								
3.	MBBS or equivalent								
	1 <sup>st</sup> Prof. MBBS								
	2 <sup>nd</sup> Prof. MBBS								
	3 <sup>rd</sup> Prof. MBBS								
	Final Prof. MBBS								
4	FCPS / Ph.D. / MS / MD or equivalent Level III qualification								
5	Any other Qualification								

Please attach extra sheet if required

Qualification in Sr. No. 3 & 4 must be registered with PM&DC/PMC

Please attach attested copies of all the Educational Certificates, mentioned above.

## SECTION-C

### Internship / House Job:

Period		Total Duration	Speciality	Institution
From	To			

(Please attach attested copies of all relevant documents)

**SECTION-D**

**Professional Experience**

Sr. #	Designation	Experience Type (Administrative / Teaching / Clinical /)	Speciality	Institution / Department	Period		Duration Y/M/D
					From DD/MM/YYYY	To DD/MM/YYYY	
1.					__/__/__	__/__/__	
2.					__/__/__	__/__/__	
3.					__/__/__	__/__/__	
4.					__/__/__	__/__/__	
5.					__/__/__	__/__/__	
6.					__/__/__	__/__/__	
7.					__/__/__	__/__/__	
8.					__/__/__	__/__/__	
9.					__/__/__	__/__/__	
10.					__/__/__	__/__/__	
11.					__/__/__	__/__/__	
12.					__/__/__	__/__/__	
<b>Total Experience in</b>				Years _____	Months _____	Days _____	

Please attach extra sheet if required

Please attach attested copies of all Experience Certificates, mentioned above.

**SECTION-E**

**Professional Development Courses/ Training Workshops Attended**

Course Title	Institute	Year

Please attach attested copies of all Certificates

Please attach extra sheet if required



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

a)	Matriculation		b)	Intermediate	
c)	MBBS or Equivalent		d)	FCPS / Ph.D. / MS / MD or equivalent Level III qualification	
e)	Any other Qualification		f)	CNIC	
g)	Domicile		h)	Internship Certificate(s)	
i)	Experience Certificate (s)		j)	Certificate of any distinction/ achievement	
k)	Research Publications		l)	NOC if you are Government Servant	
m)	Valid PM&DC/PMC Registered Certificate		n)	Three Photographs (Passport Size)	
o)	Demand Draft No. _____ Dated: _____				
Any other					

**Undertaking:**

- I have filled this application form carefully. I do hereby solemnly declare that information / details (given by me) in this form are true, to the best of my knowledge.
- I understand that form containing false or incomplete information will not be accepted/entertained.
- I fully endorse that if my application is incomplete, unsigned or not accompanied by all required attested photocopies of the relevant documents, it can be rejected without any intimation.

Dated: \_\_\_\_\_

\_\_\_\_\_

**Signature of candidate**