



OFFICE OF THE DEAN
BACHA KHAN MEDICAL COLLEGE (MTI) MARDAN



Application for the Position of Departmental Chairperson

Specialty applied for _____

Current Faculty Position: _____

Photo

1. Name (in block letter) _____ 2. Father/Husband Name: _____

3. Date of Birth: _____ 4. Domicile: _____

(Distt./Agency Name)

5. CNIC No. _____ 6. Gender (Male/Female): _____

7. Age : _____ Years _____ Months (On last date of application)

8. Addresses:

I. For Correspondence _____

Mobile No _____ Phone No _____

9. CERTIFIED SUPERVISOR OF CPSP. Certified supervisor of CPSP with effect from Date: _____

10. Administrative & Teaching Experience:

Sr. No	Name of the Institute/ Organization	Period From--- To	Designation	BPS	Total Duration

Attach List of Miscellaneous Teaching or Administrative Experience, if any

11. Education (Commencing from MBBS)

Sr. No	Certificate/ Degree	Exam with Year of Passing	Division/ Grade/%age	Attempt	Institution



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15. Membership of Learned Societies and Other Achievements in the University, Public or International Organizations, if any

16. Are you willing for institutional Based Practice-IBP (as upon your selection IBP service is mandatory and you will not be allowed for any private practice outside the Institution).

(YES/ NO)

17. Give Three Referee Names (Only Professional References are required):

Name: _____	Name: _____
Designation: _____	Designation: _____
Relationship: _____	Relationship: _____
No. of Years of acquaintance: _____	No. of Years of acquaintance: _____
Contact No: _____	Contact No: _____
Email Address: _____	Email Address: _____

Name: _____
 Designation: _____
 Relationship: _____
 No. of Years of acquaintance: _____
 Contact No: _____
 Email Address: _____

18. Checklist

Page No

- | | |
|--|-------|
| i. Bio-data/ CV | _____ |
| ii. MBBS/ BDS or Equivalent | _____ |
| iii. FCPS/ FRCS/ M.D/ M.S/ M. Phil/ Ph.D or Equivalent | _____ |
| iv. Academic Certificate | _____ |
| v. PM&DC & Faculty Registration Certificate | _____ |
| vi. PM&DC Experience Certificate | _____ |
| vii. Experience Certificates from Institutions | _____ |
| viii. Domicile Certificate | _____ |
| ix. Copy of CNIC | _____ |
| x. Research Papers/ Publications | _____ |
| xi. NOC/Departmental permission | _____ |
| xii. Any Other Document) | _____ |
| xiii. _____ | _____ |
| xiv. _____ | _____ |
| xv. _____ | _____ |

19. I certify that the information and documents submitted in this application are true and correct.

Name & Signature of the applicant

Dated _____