PROFORMA

Bahria University Medical and Dental College Karachi

Faculty Position

(Fill in Capital word)

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| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Post Applied for**  **(For Lecturer Mention Department)** |  | | | |
| **Department** |  | | | |
| **Date of Birth** |  | | | |
| **PM&DC Registration No. & Validity** |  | | | |
| **PM&DC Faculty Registration** |  | | | |
| **Qualification** |  | | | |
| **Year of Qualification** |  | | | |
| **Institution** |  | | | |
| **Teaching Experience** | **Designation** | **Institution** | | **Period** |
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| **Number of Publications published in medical journals approved by PM&DC:** | **National** | | **International** | |
|  | |  | |
| **Address** |  | | | |
|  | | | |
| **Contact No** |  | | | |