PROFORMA

Bahria University Medical and Dental College Karachi

Faculty Position

(Fill in Capital word)

|  |  |
| --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Number of Publications published in medical journals approved by PM&DC:**  | **National** | **International** |
|  |  |
| **Address** |  |
|  |
| **Contact No** |  |