

FAISALABAD MEDICAL UNIVERSITY FAISALABAD
APPLICATION FORM FOR FACULTY (FOR APPOINTING ON CONTRACT/ADHOC BASIS)

Post applied Post _____

Applicant 's Name: _____



Father 's Name: _____

Postal address: _____

Gender: _____

Domicile _____

CNIC: _____

DOB: _____

PM&DC Reg; No: _____

Mobile Number: _____

Landline Number: _____

E-Mail: _____

Are you a Government employee: Yes _____

/No: _____

If yes, post held at present : _____

(Regular/Contract/Adhoc)/ BPS: _____

Place of Posting _____

Where you ever dismissed from Government service/ autonomous body ? : _____

Academic Qualification:

Certificate/ degree	Board / university	Major subjects	Result declared on	Obtained marks	Total marks	%age
Matric						
F.Sc(Pre-medical)						
1 st Professional (Part-I)						
(Part-II)						
2 nd Professional						
3 rd Professional						
Final Professional						
Fellowship or equivalent						

SERVICE RECORD / EXPERIENCE (IF ANY)

Post held	Department / Office	From	To	Scale

Recognized Experience by PM&DC _____

Un-recognized Experience _____

Applicant Signature's