



**DIRECTORATE OF HUMAN RESOURCES
SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY (SMBBMU) LARKANA**



APPLICATION FORM – TEACHING POSITIONS

POST APPLIED FOR: _____

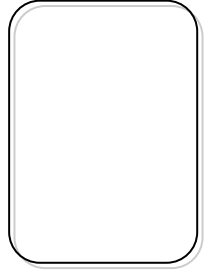
CONTRACT

REGULAR* (applicants of SMBBMU Larkana only)

APPLIED FOR (NAME OF DEPARTMENT & COLLEGE/INSTITUTE):

DATE OF ADVERTISEMENT

DATE OF APPLICATION DEMAND DRAFT NO & DATE:



1. PERSONAL DETAILS

NAME.....FATHER'S NAME.....

DATE OF BIRTH.....AGE ON CLOSING DATE YYMM DD.....

SEX M/FMARTIAL STATUSCNIC :

DOMICILE..... REGISTRATION NO.

ADDRESS

TELEPHONE RESIDENTMOBILE.....CLINIC.....

PERMANENT ADDRESS (if different from above)

CityProvince / StateCountry.....Area Code.....

2. CURRENT APPOINTMENT

3. ACADEMIC PROFILE (Most recent first)

	DEGREE / DIPLOMA /CERTIFICATE	YEAR	INSTITUTION
1			
2			
3			
4			
5			
6			
7			

(Further details on extra sheet)



DIRECTORATE OF HUMAN RESOURCES
SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY (SMBBMU) LARKANA



4. ACADEMIC HONOUR AND AWARDS

1	
2	
3	
4	
5	
6	

5. EXPERIENCE (Most recent first)

S#	POST	INSTITUTE	FROM (DD-MM-YY)	TO (DD-MM-YY)	TOTAL (DD-MM-YY)
1					
2					
3					
4					
5					

Total Experience

Mentioning exact and accurate duration is mandatory.

(Further details on extra sheet)

6. RESEARCH PAPERS & PUBLICATIONS (HJRS and/or PM&DC recognized papers only)

(Mention all papers you wish to given credit of. No credit will be given to papers not listed in this Application form)

1	
2	
3	
4	
5	
6	
7	
8	
9	

Total Research Paper

(Further details on extra sheet)



DIRECTORATE OF HUMAN RESOURCES
SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY (SMBBMU) LARKANA



7. WORKSHOPS & TRAINING COURSES

Name	Venue	Year

8. REFERENCES (Must include the most recent superior)

Name:	Name:
Designation:	Designation:
Address:	Address:
Tel No:	Tel No:
E-mail:	E-mail:

9. DOCUMENTS:

Application should be sent along with:

- (i) Pay Order/ Bank Demand Draft of Rs.2,500/- (Non-refundable)
- (ii) Three recent passport size photographs
- (iii) Brief curriculum vitae
- (iv) Copy of valid CNIC
- (v) Attested photocopies of Academic Certificate
- (vi) Domicile & PRC/Form "D"
- (vii) Copy of valid/updated PM&DC Registration Certificate
- (viii) Copy of valid/updated experience certificate(s)
- (ix) Copy of research papers/publications (HJRS and/or PM&DC recognized papers only)
Please specify exact numbers of research papers _____
- (x) NOC/Advance copy

(For applicant already serving in Government/ Semi-Government/Autonomous Bodies)

DECLARATION

I S/o, D/o, W/o certify that to the best of my knowledge and belief that the information supplied by me on this application form is correct. I have read, understood eligibility criteria, terms & conditions and undertake that any false statement or any required information withheld from this application form may provide grounds for the withdrawal of any offer or dismissal, if appointment has been accepted.

Signature: _____

Name: _____