

MEDICAL TEACHING INSTITUTE, ABBOTTABAD
(Ayub Medical College – Ayub Teaching Hospital)
APPLICATION FORM - NURSING DIRECTOR

Name of Candidate: _____ Father Name: _____

CNIC No: _____ Date of birth: _____ : AGE ___ years ___ months, Contact No: _____

Address _____

Email _____

Education & Qualification:

S/No.	Name of Degree/Diploma	Passing year	Institution/University
1.			
2.			
3.			
4.			

Additional Qualification/Certification

S/No.	Name of course/training/certification	Duration of course	Year qualified	Institute
1.				
2.				

Professional Experience:

(Experience has to be for heading a unit (division, department or program) in a recognized hospital Up to seven years administrative and teaching experience, and Current Nursing Registration)

S/No.	Name of institution/Hospital	Designation	Duration	Type of hospital
1.				
2.				

Research

1. Publications, 2. Presentation, 3. Journal editor, 4. Journal Reviewer

S/No.	Description	Published in, / presentation/ Journal etc	Reference	Remarks if any
1.				

Teaching

a) Undergraduate b) Post graduate c) Teaching awards

S/No.	Name of institution	Designation	Duration	Remarks
1.				
2.				

National /International Recognitions of Excellence(Awards from professional societies):

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7	Recognition of excellence certificates (Award from Professional Societies)		
8	Certificates of presentation in conferences		

Declaration

I _____ CNIC No. _____ hereby declare that the information I provided in my CV and application form for the post of Nursing Director, Ayub Medical Teaching Institute (AMC, ATH) Abbottabad is correct and that I have never been involved in any ethical or professional misconduct.

My application may be rejected at any point during or after the process if my professional educational or experience documents are found to be fraudulent.

Name: _____

Signature: _____

Date: _____