MEDICALTEACHINGINSTITUTIONAYUB MEDICAL COLLEGE ABBOTTABAD

# APPLICATION FORM FOR THE POSITION OF DEAN & CEO

**Post Applied for:**

Name(in block letters)

Father’s Name, Husband’s Name(for female candidates)

National Identity Card No. Date of Birth

Domicile Postal Address

Contact No. Cell Email

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| **Qualification** | **Degree Title** | **Year of Passing** | **Duration (Exact Dates)** | | **University/Board/ Institution** | **Certificate**  **Attached Yes/No** |
| **From** | **To** |
| **Graduation** |  |  |  |  |  |  |
| **Post Graduation** |  |  |  |  |  |  |
| **Additional Qualification** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Any qualification in Medical Education** |  |  |  |  |  |  |
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CPSP Supervisor (must provide CPSP Supervisor Certificate) Yes/No Post Graduate Teacher (please attach documented evidence) Yes/No

PMDC Reg: No , PMDC Faculty Registration **Attached** Yes/No

* Present Position Held with Date of Assuming Charge
* Experience in Chronological order starting from the Senior post held.

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| **WORKEXPERIENCE\***  (Experience has to be for leading a unit (division, department or program) in are cognized teaching hospital, at least seven years is minimum requirement) | | | | | | |
| **S.No** | **Post Held with Scale** | **Department** | **Name of Institution** | **Duration(Exact Dates)** | | **Experience Certificate Attached**  **Yes/No** |
| **From** | **To** |
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| **3** |  |  |  |  |  |  |
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| **PRESENTATIONS\***  At national or international professional society meeting (must produce invitation to present and presentation). | | |
| **S.No** | **Description& Title** | **Date of Presentation** |
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| **2** |  |  |
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| **Journal Reviewer**  Journal must be indexed or recognized by HEC, PMDC or CPSP | |
| **S.No** | **Description** |
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| **2** |  |
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| **4** |  |
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| **RESEARCHPUBLICATIONS\*** | | | | | | | |
| **S.No** | **Title of Publication/ Original Article/ Case Report/ Editorial** | **As Author No** | **Journal Name** | **Issue No** | **Year of Publication** | **Impact**  **Factor (if Any)** | **Publication**  **Attached Yes/No** |
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| **20** |  |  |  |  |  |  |  |

Attach detailed CV mentioning all relevant qualifications, experience and details of publications along with attested educational and experience documents.

I hereby solemnly affirm that the information given above is correct according to my best belief and knowledge.

Date: ***SIGNATURE OF CANDIDATE***

# Attested copies of following Documents must be attached:

1. Academic Certificate (MBBS/BDS)
2. Degree of Additional Qualification (If any)
3. Valid PMDC Registration certificate showing registration of all qualifications
4. Valid PMDC Faculty Registration
5. Valid C.N.I.C.
6. Experience Certificate recognized by PM&DC.
7. Experience certificate issued by institution
8. NOC from Institution.

* ***(Use separate sheet if needed)***

***Also send the CV and relevant documents along with e-mail address of two referees through e-mail in PDF format to:*** [chairmanbog@ayubmed.edu.pk](mailto:chairmanbog@ayubmed.edu.pk)