

## **UNIVERSITY OF HEALTH SCIENCES LAHORE**

KHAYABAN-E-JAMIA PUNJAB LAHORE Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870

## **APPLICATION FORM VISITING FACULTY IN UHS**

Post/Subject Applied for:	Session :	(if Applicable)	a
Advertisement Reference:	Dated:		ba

Please affix 4 Photographs attested from backside. (4x4)

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Full Name (First,	Middle, Last)			
Father's Name (	First, Middle, Last)			
Date of Birth (D)	D/MM/YYYY)	Age		Gender
		4.	5.	
Address			<u> </u>	
Contact no.		E-mail Address		Domicile
	8.		9.	
<b>Marital Status</b>		CN	IIC No.	
Single	Married	11.		

## **Educational Information**

Degree	Subject	Institute/Board/ University	Passing Year	Obtained Marks/Total	No. of Attempts	Grade/Division with Percentage
Matric/O-Levels						
Intermediate/A- Levels						
Bachelors						
MBBS/BDS						
Masters						
Medical Graduation						
M.Phil						
Ph.D.						
FCPS						
Any Other						,
Computer Training/Diploma						

Medals/Distinctions/Achievements/ (If any, please specify)				
Research Papers/Publications with Impact Factor (Applicable for Academic Post)				
Research	Interest			
	nce (Precise answer with tenure and grade) ative Experience			
Office/Sta	ff Experience			
Instruction	nal/Teaching Experience			
Experience	e relevant to applied job/subject (if any)			

								Applicant's Signatur
Che	ck L	<u>ist</u>						
	Enc	ve you filled al losed attested essary)				c transcripts	(includir	ng certified translation if
		Intermediate	Certific	cate		Matriculation	on Certifi	cate
		MBBS		BDS		M.Sc.		Or equivalent
		MD		MS		MDS		Or equivalent
		FCPS		FRCS		MRCP		Or equivalent
		M.Phil.						Or equivalent
	Enc Enc <i>Hea</i>	alth Sciences, L losed a certific	f permise n certification of good and the certification of good attention of good at	esion from the cate (if gradu	e employ nated from aracter. nal Identi	eer (for employ on a University of ty Card & Do	other th	an the University of
	Enc	losed three atte	sted cop	pies of recent	photogra	aphs.		

**Applicant's Signature**