



**QUETTA INSTITUTE OF MEDICAL SCIENCES,  
QUETTA CANTT**  
**Employment Form**  
**Faculty**

Paste 2 Recent  
Photographs

POST APPLIED FOR :

**Anx A**

Department :

**INSTRUCTIONS**

1. Please answer each and every question clearly and completely. Before submitting this form ensure that it is complete and the required Documents are enclosed. Failure to do so will render the application liable to summary rejection.
2. Attach copies of all testimonials attested by the Gazetted Officer 17 or above.
3. Candidates will have to appear for test and interview at their own cost and without any obligation to the QIMS.

**SECTION - 01 (PERSONAL INFORMATION)**

**Note: Please Fill All Data with Block Letters.**

1	Name (According to CNIC / Passport)			
2	Father's / Husband Name (According to CNIC / Passport)			
3	Mother Tongue		Religion	
4	Date of Birth (DD/MM/YYYY)			
5	Place of Birth		Province	
6	CNIC No.			
7	Postal Address (For Correspondence)			
8	Permanent Address			
9	Tel # (Home)		Mobile #	
10	Email Address			
11	Marital Status	Married <input type="radio"/>	Single <input type="radio"/>	
12	Local / Domicile	Local <input type="radio"/>	Domicile <input type="radio"/>	
13	Place of Local / Domicile	Yes <input type="radio"/>	No <input type="radio"/>	No: _____
14	PMDC Registration	Yes <input type="radio"/>	No <input type="radio"/>	No: _____
15	Faculty Registration:	Yes <input type="radio"/>	No <input type="radio"/>	No: _____
16	Teaching Experience:	Yes <input type="radio"/>	No <input type="radio"/>	No: _____



**SECTION - 04****(Teaching Experience)**

Start with your present post, put in reverse order of employment during the last ten years and any significant experience not included in that which you believe will be helpful in evaluating your record.

<b>1: Appointment</b>			
<b>Medical College/Hospital</b>		<b>Total Experience</b>	
<b>2: Professor</b>			
<b>Medical College/Hospital</b>		<b>Total Experience</b>	
<b>3: Associate Professor</b>		<b>Total Experience</b>	
<b>Medical College/Hospital</b>		<b>Total Experience</b>	
<b>4: Assistant Professor</b>			
<b>Medical College/Hospital</b>		<b>Total Experience</b>	
<b>5: Senior Registrar</b>			
<b>Medical College/Hospital</b>		<b>Total Experience</b>	
<b>6: Registrar</b>			
<b>Medical College/Hospital</b>		<b>Total Experience</b>	

## SECTION - 05

## (Research Publications)

<b>Title</b>		<b>Date of Publication</b>	
<b>Journal (Please Specify Volume)</b>			
<b>Title</b>		<b>Date of Publication</b>	
<b>Journal (Please Specify Volume)</b>			
<b>Title</b>		<b>Date of Publication</b>	
<b>Journal (Please Specify Volume)</b>			
<b>Title</b>		<b>Date of Publication</b>	
<b>Journal (Please Specify Volume)</b>			
<b>Title</b>		<b>Date of Publication</b>	
<b>Journal (Please Specify Volume)</b>			

**FOR OFFICIAL USE ONLY**

**OFFICE COPY**

It is certified that

The candidate (Mr / Ms)

has applied for the post

on dated

and certify that he / she has submitted all the relevant documents thereof.

Name:

Designation:

Signature:

**FOR OFFICIAL USE ONLY**

**ACKNOWLEDGMENT COPY**

It is certified that

The candidate (Mr / Ms)

has applied for the post

on dated

and certify that he / she has submitted all the relevant documents thereof.

Name:

Designation:

Signature:

**Check List**  
**(Please Click the Appropriate Option)**

S.No.	Detail of Particulars	YES	NO
1	3 Passport size photographs	<input type="radio"/>	<input type="radio"/>
2	Copies of CNIC attached	<input type="radio"/>	<input type="radio"/>
3	Copies of Local / Domicile attached	<input type="radio"/>	<input type="radio"/>
4	Matric Degree	<input type="radio"/>	<input type="radio"/>
5	Matric (Detail Mark Sheet)	<input type="radio"/>	<input type="radio"/>
6	Intermediate Degree	<input type="radio"/>	<input type="radio"/>
7	Intermediate (Detail Mark Sheet)	<input type="radio"/>	<input type="radio"/>
8	Graduation Degree	<input type="radio"/>	<input type="radio"/>
9	MBBS	<input type="radio"/>	<input type="radio"/>
10	Master Degree	<input type="radio"/>	<input type="radio"/>
11	FCPS	<input type="radio"/>	<input type="radio"/>
12	M. Phil Certificate	<input type="radio"/>	<input type="radio"/>
13	Others/ Qualifications	<input type="radio"/>	<input type="radio"/>
14	Post Doctorate Degree	<input type="radio"/>	<input type="radio"/>
15	All Experience Certificates (as shown / mentioned in the Employment Form)	<input type="radio"/>	<input type="radio"/>
16	Employment Form completed in all respects	<input type="radio"/>	<input type="radio"/>
17	Reference of past job has mentioned in the Employment Form	<input type="radio"/>	<input type="radio"/>
18	All related documents are attached with the Employment Form in the correct order	<input type="radio"/>	<input type="radio"/>
19	PMDC Registration Certificate+CV	<input type="radio"/>	<input type="radio"/>
	ANY OTHER DOCUMENTS		
20	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
21	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
22	<input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
<b>Note:</b> A Please attach 2 Copies of each document B Incomplete form in any respect will not be entertained C Form received by HR Department			