



**Wah Medical College  
Wah Cantt**

Paste  
1 x 1  
Photograph

**Application Form**

**Post :** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Father / Husband  
Name:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**CNIC No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Telephone/Cell No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Academic Qualification**

<u>Qualification</u>	<u>Institution</u>	<u>Year</u>	<u>%age Marks</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Valid PM &DC Faculty Registration  
No:** \_\_\_\_\_

**PM & DC Recognized Teaching  
Experience Certificate No:** \_\_\_\_\_

**Teaching Experience**

<b><u>Organization</u></b>	<b><u>Location</u></b>	<b><u>Designation</u></b>	<b><u>Duration (In Years)</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Publications (if any)**  
**(inline with PM & DC Requirement)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Details/ Previous & Present (if any)**

**Organization:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Duration:(In Years)** \_\_\_\_\_

\_\_\_\_\_

**Job assignments:** \_\_\_\_\_

(in brief) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNDERTAKING:**

I confirm that the information given above is correct to the best of my knowledge and belief that any wrong information contained herein shall render me liable to disqualification at any stage.

\_\_\_\_\_  
Candidate's Signature