

# APPLICATION FORM

For the post of

## LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO SINDH, PAKISTAN



## HUMAN RESOURCES DEPARTMENT

## **APPLICATION PROCEDURE**

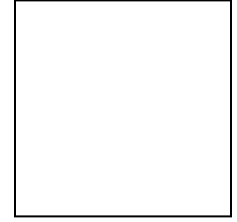
- **THE DULY FILLED APPLICATION FORM (S) SHOULD REACH THE UNDERSIGNED DURING OFFICE HOURS ON OR BEFORE 22<sup>ND</sup> OCTOBER 2007. NO APPLICATION WILL BE CONSIDERED AFTER LAST DATE.**
- Prescribed application forms are obtainable from the office of the Registrar LUMHS, Jamshoro, on payment of Rs. 500- (Non-returnable) for each post, through a Bank Challan payable in National Bank of Pakistan LUMHS Branch Jamshoro.
- Prescribed application form can also be down loaded from our web site [www.lumhs.edu.pk](http://www.lumhs.edu.pk) and must be accompanied with the Demand Draft of Rs. 500/= drawn in favour of Director Finance, LUMHS, Jamshoro.
- The application form must be filled in carefully and legibly block letters must be used. No column of the application form should be left blank. In case a column is not applicable, please write down “N/A”. Extra sheets may be attached if the requisite information can not be fully incorporated in any of the columns of the application form. All replies must be supported with documentary proof.
- Maximum age limit to apply is 45 years, relax-able as per rules or in case of more desirable qualification/experience, when suitable candidates within the age limit of 45 years are not available.
- Application form with full particulars along with three passport size colored photographs, **TWO SETS** of attested photocopies of documents such as **Academic & Experience Certificates, Valid PMDC Certificate, Experience Certificate from PMDC Islamabad, including Research Papers/Publication (if applicable), Domicile, PRC and Computerized National Identity Card (CNIC), Secondary School Certificate (Metric) showing date of birth.**
- The applicant has to provide proof of publications of his/her article in a journal approved by PM&DC. (where applicable)
- No credit of publishing of Review Article/writing a Chapter or a Text Book will be given for the purpose of fulfilling the requirement of research publication for the purpose of promotion.

- Letter of acceptance for publication of a research paper will no longer qualify the applicant for award of credit of a research paper. Letter to editor carries no credit.
- Dissertation/Thesis will be given credit of full-published paper.
- The qualifications conferred or acquired on honorary basis or foundation basis by the medical graduate considering their contribution to the profession shall not be considered for the purpose of appointment in the medical or the dental institution of Pakistan.
- The required documents are to be submitted at the time submission of Application Form(s) and no further communication regarding short of documents will be made after due date.
- Incomplete application (s) in any manner shall not be entertained and no further communication will be made regarding short of documents.
- Canvassing in any manner will disqualify a candidate.
- Application (s) on plain paper and / or only CV will not be entertained.
- Applicants who are already serving in Government / Semi-Government/ Autonomous Bodies should apply through proper channel accompanied by N.O.C. from the employer. However an advance copy of the application form (s) will be provisionally considered by the University.
- Only short listed candidates will be called for written test/interview.
- No. T.A./D.A. will be paid for appearing in written test/ interview.
- Number of vacancies can be increased or decreased; the University reserves the right of cancellation of advertised post (s) partly or as a whole.

# LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO



## APPLICATION FORM FOR THE POST OF



Newspaper: ----- Advertisement No. & Date: -----  
 Fee Paid Rs. ----- Challan/ Draft/Pay Order No. ----- Dated -----

1. **NAME IN FULL** (Block Letters): \_\_\_\_\_
2. **FATHER'S NAME:** \_\_\_\_\_
3. **MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
4. **PERMANENT ADDRESS:** \_\_\_\_\_
5. **TELEPHONE NO. (Res.):** \_\_\_\_\_ (Off.) \_\_\_\_\_ (Mobile) \_\_\_\_\_
6. **DATE OF BIRTH** (dd/mm/Year): \_\_\_\_\_
7. **SEX** (Tick) Male  Female
8. **MARITAL STATUS:** \_\_\_\_\_
9. **PLACE OF BIRTH:** \_\_\_\_\_
10. **DOMICILE/ PROVINCE:** \_\_\_\_\_
11. **RELIGION:** \_\_\_\_\_
12. **NATIONALITY:** \_\_\_\_\_
13. **PMDC Reg: #** \_\_\_\_\_ **Valid upto** \_\_\_\_\_
14. **PRACTICAL EXPERIENCE RECOGNIZED BY PMDC** \_\_\_\_\_ (years) \_\_\_\_\_ (months) \_\_\_\_\_ (days)
15. **TEACHING EXPERIENCE RECOGNIZED BY PMDC** \_\_\_\_\_ (years) \_\_\_\_\_ (months) \_\_\_\_\_ (days)
16. **COMPUTERIZED NATIONAL IDENTITY CARD #** \_\_\_\_\_

### 17. ACADEMIC BACKGROUND:

QUALIFICATION/ DEGREE	NAME OF BOARD/ UNIVERSITY	YEAR OF PASSING	GRADE/ DIVISION	MAJOR SUBJECTS





**21. ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS/ CERTIFICATES  
ARE SUBMITTED WITH THE APPLICATION FORM**

- |           |           |
|-----------|-----------|
| 1. _____  | 12. _____ |
| 2. _____  | 13. _____ |
| 3. _____  | 14. _____ |
| 4. _____  | 15. _____ |
| 5. _____  | 16. _____ |
| 6. _____  | 17. _____ |
| 7. _____  | 18. _____ |
| 8. _____  | 20. _____ |
| 9. _____  | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |

**22. DECLARATION.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

**Signature:** .....

**Dated:** .....

**Place:** .....

**PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES.**  
**ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY.**

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

Father's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

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

Father: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

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Tel. \_\_\_\_\_

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

Father: \_\_\_\_\_

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

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

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Tel. \_\_\_\_\_

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

Father: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_