



**OFFICE OF THE DIRECTOR
INSTITUTE OF KIDNEY DISEASES
MTI-HMC PESHAWAR
Application form for
Professor/Associate Professor Position**

2 x Attested
Photos

Post Applied for: _____

Instruction: This application form, duly completed should be submitted to the office of Director IKD, Hayatabad Peshawar on or before the due date along with.

- i. Attested photocopies of certificates, degrees, detail marks certificates, domicile and other relevant documents.
- ii. Persons already in employment should submit their application forms through proper channel along-with NOC issued by the competent authority.
- iii. Incomplete application forms and those received after the due date will not be entertained.
- iv. Use additional sheets, if required.
- v. **Whatsapp number is mandatory.**

1. Name (in block letters) _____
2. Father's Name _____
3. Address and other particulars:
 - i. For correspondence (interview call):
.....
Mobile Whatsapp#
 - ii. Permanent Home Address:
..... Ph. No.
 - iii. E-Mail Address iv. Gender
 - v. District of Domicile vi. Nationality
 - vii. Marital Status viii. Date of Birth
 - ix. Province: x. Religion

4. Educational Qualification:

S #	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Division/ Distinction	Attempt	Obtained Marks	Total Marks
1.	SSC/ equivalent						
2.	FSc/ equivalent						
3.	MBBS (1 st Prof)						
4.	MBBS (2 nd Prof)						
5.	MBBS (3 rd Prof)						
6.	MBBS (Final Prof)						
7.							
8.							
9.							

Applicant's Signature: _____

5. Formal Training or Education:

S #	Name of Institution	Type of Training	Period		Certificate or Diploma obtained
			From	To	

6. Research Papers: Attach list of Research Papers as per specimen and attested photocopy of title journal with research paper.

S #	Title of Research Paper	Name of Journal	Date of Publication	Principal or co-author

7. Employment Record (Starting from the present position):

S #	Name of Institute Organization	Period	Designation	BPS	Job Description (Teaching/ Research/ Admn)	Nature of Job (Permanent/ Temporary)
		From – To				

Applicant's Signature: _____

8. Attach the required document according to the following sequence:

S. No	Item	Remarks/ Page No.
1. a	Certified supervisor of CPSP/Royal Collages/US Board	
b.	Quality of current practice [Institution/Facilities]	
2.	Additional qualifications in Current post [Subspecialty certification/Training]	
3.	Administrative activities [Member of an academic or administrative committee of the institution]	
4.	Medical Education: excellent in teaching, [Student evaluations, student performance, development of teaching programs etc...]	
5 a.	Scholarship: a) Published papers [first or corresponding author]	
b.	Presentation at international & National medical meetings	
c.	Continuing involvement in scholarship and research (Grants, abstract)	
6	Local & regional recognition [visiting professorships, invited talks in regional meetings]	

9. Evidence of outstanding clinical performance (As Per Policy Board Criteria)

10. Evidence of national/international reputation – invited lectures, visiting professorship, etc...

11. Attach other relevant document as per policy board criteria.

12. Attach List of Miscellaneous Teaching or Administrative Experience, if any.

13. Membership of Learned Societies and other Achievements in the University, Public or International Affairs, if any.

References:

- I. Name of Referee: _____ Designation: _____
WhatsApp/Mobile No. _____ email: _____
Mailing Address: _____
- II. Name of Referee: _____ Designation: _____
WhatsApp/Mobile No. _____ email: _____
Mailing Address: _____
- III. Name of Referee: _____ Designation: _____
WhatsApp/Mobile No. _____ email: _____
Mailing Address: _____
- IV. Name of Referee: _____ Designation: _____
WhatsApp/Mobile No. _____ email: _____
Mailing Address: _____

14. List of attested documents attached.	Page No.
i. Bio-data	<u>4</u>
ii. Matric (S.S.C.)	<u>5</u>
iii. Intermediate (F. Sc.)	_____
iv. M.B.B.S/ Equivalent	_____
v. FCPS/ MRCP/ FRCS/ M.D/ M.S/ M. Phil/ Ph. D	_____
vi. Detail Marks Sheet (DMC)	_____
vii. Merit Certificates	_____
viii. PM&DC Registration Certificate	_____
ix. Experience Certificates	_____
x. Domicile Certificate	_____
xi. C.N.I.C	_____
xii. Research Papers/ Publications	_____
xiii. _____	_____
xiv. _____	_____
xv. _____	_____
xvi. _____	_____
xvii. _____	_____

I, **Dr./Mr./Ms.**....., hereby solemnly declare that all the entries in this application form, all the additional particulars (if any) furnished along-with it, are true & correct to the best of my knowledge & belief and that nothing have been concealed.

*Note: For any correspondence candidates will be called through given **Contact / Whatsapp Number** or email or mailing address. Please keep visit IKD website i.e.www.ikdpeshawar.gkp.pk.*

Signature of the Candidate

Dated: _____/_____/_____

