



FORM
REQUEST FOR RECOGNITION OF EXPERIENCE
BOLAN UNIVERSITY OF MEDICAL AND HEALTH SCIENCES,
QUETTA.

PHOTO

The Registrar,
Bolan University of Medical and Health Sciences,
Brewery Road, Quetta.

Subject: **RECOGNITION OF EXPERIENCE**

Dear Sir,

I am enclosing my CV with details of my teaching experience and of the publications. Please issue me experience certificate. My PMDC/PMC registration No is

Signature _____

Name _____

Father's Name _____

CNIC _____

Designation _____

Date _____

Tel _____

Cell: _____

E.mail. _____

The following documents must accompany the form:

1. Form duly filled in and signed by the doctor.
2. Three passport size photographs. (One pasted on the form, two attached)
3. Three Photostat copies of the experience certificate issued by the Principal of the concerned Medical College/ Head of Institute.
4. Photostat copy of the valid PMDC/PMC registration certificate.
5. An Affidavit on Rs. 10.00 Stamp Paper.

CHECK LIST FOR APPLICANT

Dear Sir,

Please ensure

1. You have filled in the BUMHS Form for recognition of experience completely.
2. You have attached three latest passport size photographs.
3. You have attached required copies of the experience certificate issued by the Principal of the concerned Medical College/ Head of Institute you have served.
4. You have attached Photostat Copy of the valid PMDC/PMC registration certificate.
5. You have attached the required Affidavit duly attested by Notary Public/ Oath Commissioner.

Name and Signature of the Candidate.

Dated.....