



OFFICE OF THE REGISTRAR
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES
FOR WOMEN, SHAHEED BENAZIRABAD

Ph: 0244-9370428, website: www.pumhs.edu.pk Email: registrar@pumhs.edu.pk

To,
The Registrar
PUMHSW, Shaheed Benazirabad.

Subject: **REQUEST FOR RECOGNITION OF TEACHING EXPERIENCE**

Dear Sir,

It is hereby stated that my teaching experience may please be recognized as per detail given below;

| S# | Designation | Duration | | Total Experience | Name of Institution |
|----|-------------|----------|----|------------------|---------------------|
| | | From | To | | |
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Articles / Publications (Attached original Journals)

| S# | Detail of Articles / Publications | Published in Journal | Year of Publications |
|----|-----------------------------------|----------------------|----------------------|
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*Attach extra sheet if required.

GENERAL INFORMATION:

- The experience certificates enclosed with this form for recognition must contain the details of nature of job, duration of job and name of institution.
- The applicant should be fully aware of the fact that the experience certificate is accepted, processed and issue in accordance with the PMC and HEC guidelines adopted by PUMHSW, SBA.
- Application forms must accompanied by PM&DC registration Certificate, PM&DC Experience Certificate (if any) PUMHSW, SBA original experience certificate along with three Photocopies, copies of articles/publications with title page dually attested by Registrar PUMHSW, SBA.
- Applications with incomplete or deficient information shall not be processed.
- Processing Fees for Internal Rs.1000/- and for external Rs. 2000/- (Non-refundable) shall be charged with every submission through Bank Challan issued by Finance Department.

UNDERTAKING:

I undertake to abide by the Code of Ethics / rules prescribed by the PUMHSW, SBA for medical professionals. I take full responsibility of authenticity of documents submitted along with this application.

Name: _____

Designation: _____

Contact#: _____

Email: _____

PM&DC Registration No. _____

Signature: _____

UNDERTAKING BY THE APPLICANT

(To be typed on Rs.100/- Stamp Paper)

I, _____ S/O, D/O _____

PM&DC registration No. _____ do hereby state on solemn affirmation that,

I am submitting my documents to the PUMHSW, SBA for the issuance of the recognition of teaching experience certificate for the purpose _____

- I am fully aware that more than one institution is involved in such process and considerable time is required and I shall not demand for any hurry or urgency.
- I am submitting these documents purely on my responsibility and I will not held PUMHSW, SBA responsible for delay or any other means.
- I will totally accept the opinion of the University and shall not challenge it in any form.
- I am fully aware that submitting this application is in my own interest and shall wait till PUMHSW, SBA responds patiently.
- The above facts are true to the best of my knowledge.

Affidavit Before

DEPONENT

Signature and Seal of Oath Commissioner