



**UNIVERSITY OF HEALTH SCIENCES LAHORE**

**KHAYABAN-E-JAMIA PUNJAB LAHORE**  
**Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870**

Please affix 2  
Photographs  
attested from  
backside. (4x4)

**APPLICATION FORM FOR FACULTY EXPERIENCE CERTIFICATE**

Experience Certificate applied for:-

- Professor
- Associate Professor
- Assistant Professor

PMC Registration No. \_\_\_\_\_

Name	
Father's Name	
Postal Address	
Permanent Address	
Cell Number	
CNIC	
Email	
Current Designation with place of Posting	

**Detail of Experience to be certified:**

Sr. No.	From	To	Post	Department & Institution	Duration		
					Y	M	D
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

I hereby affirm that all the information provided by me in this form is true to the best of my knowledge and belief, and no material has been concealed or withheld herein.

**Applicants Signature**

Dated \_\_\_\_\_

## **APPLICANT'S AFFIDAVIT**

I undersigned solemnly declare that I have not worked during the period mentioned in my experience letter at any other institution other than mentioned.

That I was full time faculty member of that institution and was on their pay roll:

I fully understand that in case of falsification of any information or forgery of any document. I shall be liable to face legal proceeding initiated against me by the UHS.

Signature

Name of Respondent

CNIC No. \_\_\_\_\_

PMC/ PMDC No. \_\_\_\_\_

**Verification by**

**Oath Commissioner/  
Notary Public**

## AFFIDAVIT BY THE PRINCIPAL

I undersigned duly certified that all the credentials, experience letter of \_\_\_\_\_ Dr.  
\_\_\_\_\_ S/O / D/O / W/O \_\_\_\_\_ CNIC NO.  
\_\_\_\_\_ PMC/ PMDC No. \_\_\_\_\_ is / was working as  
designation, from \_\_\_\_\_ to \_\_\_\_\_ (with dates) in the department  
\_\_\_\_\_.

That the above mentioned Dr. \_\_\_\_\_ is / was full time faculty  
member and is / was on pay roll of this college/ institution. He has not worked as faculty members  
in any other institution during this period.

That I undersigned shall be responsible personally for any discrepancy found in the credential issued  
from this institution and shall be liable to face legal proceedings initiated against me for issuing fake  
letters or concealment of facts.

Signature \_\_\_\_\_

Name of Respondent \_\_\_\_\_

CNIC No. \_\_\_\_\_

PMC/ PMDC No. \_\_\_\_\_

Designation \_\_\_\_\_

**Verification by**  
**Oath Commissioner/**  
**Notary Public**

## **CHECK LIST**

r List of documents to be attached: -

1. Prescribed application form dully filled along with 2 Passport size photographs with blue background to be filled in block letters.
2. Experience certificate issued by Principal.
3. Bank draft in favor of UHS OF Rs 5000 (as initial processing fee).
4. A Bank draft of Rs 5000 will be required if applicant meets requirement for issuance of Experience Certificate.
5. Affidavits on Judicial Stamp paper of Rs 50 from applicant & respective principal as per specimen given.
6. Photocopies 2 sets of originals research papers along with front page of journal mentioning
  - Volume No
  - Issue No
  - Period in months
  - ISSN No
7. Valid PMC Registration Certificate.
8. Faculty Registration Certificate.
9. Copies of Graduate/Postgraduate Degrees

**Applicants Signature**

Dated \_\_\_\_\_