



PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES,

Gambat, District Khairpur Mirs'

CAREER Opportunities



FACULTY POSITIONS

Name of Posts	Nature of Job	Qualification & Experience
CLINICAL SUBJECTS	Contractual/ Likely to be permanent	As per PMDC/PMC and HEC Criteria, Holding valid registration with PMC
PROFESSOR General Surgery		
ASSOCIATE PROFESSOR General Surgery , Ophthalmology and ENT.		
ASSISTANT PROFESSOR Ophthalmology , ENT , Neurology, Psychiatry, Nephrology, Dermatology, Interventional Cardiology and non invasive Cardiology		
BASIC SUBJECTS		
ASSISTANT PROFESSOR Anatomy , Physiology , Forensic Medicine Pathology , Pharmacology		
MEDICAL OFFICER / LECTURER		MBBS + One year house job Holding valid registration with PMC /Research will be preferred after house job

Terms & Conditions

- Only Sindh Domiciled candidates are eligible.
- Application should be sent along with pay order amounting PKR 2000 in the favor of, "Director Pir Abdul Qadir Shah Jeelani Institute of Medical Sciences Gambat", along with One set of attested photocopies of relevant documents and two photographs in a sealed Envelope.
- Incomplete application in any manner will be rejected.
- All information will be kept confidential.
- Please clearly mention the name of post on the right top of Envelope.
- Institution reserves the right to reject any or all the applications without any reason.
- Only shortlisted candidates will be called for interview.
- Applicant currently in Government services should apply through proper channel.
- No TA/DA will be admissible.
- All the above posts are subject to approval from BOG, PAQSJIMS if selected.
- In case of a large number of candidates for any post, a pre interview written test will be held to further shortlist the candidates.



Postal Address

H.R Department
@ Principal Office,
Pir Abdul Qadir Shah
Jeelani Institute of
Medical Sciences,
Gambat,
Distt: Khairpur Mirs'

Last date for submission of application is 25-08-2021, and application should be sent only through COURIER to Human Resources Department @ Principal Office, Pir Abdul Qadir Shah Jeelani Institute of Medical Sciences Gambat.

Note: Applications submitted directly to the office will NOT be considered

Ph# 0243-640160



PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan
Phone No.0243-640160 Fax No. 0243-720066 Email Address gambatpws@yahoo.com



POST APPLIED FOR	
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PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan

APPLICATION PROCEDURE

- Prescribed application forms are available in the office of the Director PAQSJ Institute of Medical Sciences, Gambat on payment of Rs.2000/- (Non refundable) for each post. Through pay Order/DD in the favor of "Director PAQSJ Institute of Medical Sciences.
- Application form with full particulars must include three photographs, TWO SETS of attested photocopies of relevant Educational/Experience/Residential documents /Domicile, PRC and CNIC i-e Matriculation Pakka Certificate/ Mark sheet and onwards including Valid PMDC/PNC Registration Certificate, Revised PMDC/PNC Experience Certificate and copies of Research Publications should reach the PAQSJ Institute of Medical Sciences within due date.
- The required documents are to be submitted at the time of submission of application form and no further communication regarding short of documents will be made after due date. 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:
- An advance copy of the application form (s) may be sent within due date.
- Age limit relax able as per Government policy.
- Only short listed candidates will be called for written test/ interview.
- University/Institute reserves the right to reject any or all the applications. Incomplete application (s) in any manner shall not be entertained.
- Canvassing in any manner will disqualify a candidate.
- University/Institute reserves the right to reject any or all the applications.
- No T.A / D.A will be paid for appearing in written test / interview.
- PAQSJ Institute of Medical Sciences reserves the right of cancellation of advertised post (s) partly or as a whole.

GENERAL INSTRUCTIONS

1. 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 cannot be fully incorporated in any of the columns of application form. All replies must be supported with documentary proof.

2. Applicants who are already employed under Government / Semi Government, Autonomous Organizations are required to produce NOC of their parent Department / Employer / Competent Authority. Their applications will not be entertained if not received through proper channel.

3. No application will be considered if the same is not received within the scheduled / prescribed date.

4. 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.

5. Concealment of any of the required information / particulars is strictly prohibited and will disqualify the candidate at any stage of his service duration.

PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES

Gambat District Khairpur Mir's Sindh, Pakistan



APPLICATION FORM FOR THE POST OF



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

1. PERSONAL DETAILS

NAME IN FULL (Block Letters) _____

FATHER'S NAME: _____

MAILING ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE NO. (Res) _____ (Off): _____ (Mobile No) _____

DATE OF BIRTH (dd/mm/year): _____

SEX (Tick) Male Female MARITAL STATUS (Tick) Single Married

PLACE OF BIRTH _____ DOMICILE / PROVINCE: _____

RELIGION: _____ NATIONALITY _____

NATIONAL IDENTITY CARD NO. (New)

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PM&DC/PNC NO. _____ Expiry Date. _____

2. ACADEMIC BACKGROUND

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

3. EMPLOYEMENT RECORD AND JOB EXPERIENCE

(In Chronological order)

DEPARTMENT / ORGANIZATION	DESIGNATION / BPS	DURATION		TOTAL PERIOD	REASON FOR LEAVING
		FROM	TO		

4. RESEARCH PAPERS / PUBLISHED ARTICLES

S.NO.	TITLE	JOURNAL	AUTHORS (1 ST / 2 ND / 3 RD / 4 TH)	DATE OF ISSUE OF JOURNAL

(Use additional Sheets if Necessary)

5. REFERENCES:

List of two and responsible persons: Particularly qualify definite information regarding your character and ability. Please do not mention blood relation or close relation.

REFERENCE-I	REFERENCE-II
Name: _____	Name: _____
Position: _____ _____ _____	Position: _____ _____ _____
Address: _____ _____ _____ _____	Address: _____ _____ _____ _____
Ph: No. _____	Ph: No. _____

**6. ATTESTED COPIES OF THE FOLLOWING TESTIMONIAL / CERTIFICATES
ARE SUBMITTED WITH THE APPLICATION FORM**

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

7. 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: _____

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

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____

Name: _____

Father's Name: _____

Address: _____

Tel: _____