**PROFORMA FOR SENIORITY OF FACULTY MEMBERS (PROFESSORS TO SENIOR REGISTRAR) OF GAJJU KHAN MEDICAL COLLEGE SWABI**

|  |  |
| --- | --- |
| Name of Post |  |
| Department |  |
| BPS |  |
| Name of Doctor |  |
| Qualification |  |
| Date of Birth |  |
| Domicile |  |
| Date of Entry into Government Service |  |
| Date of Arrival of current posting |  |
| Status of current posting i.e. Regular / Adhoc / Contract | Contract (From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_)  Adhoc (From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_)  Regular (From\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_) |
| Specialty |  |
| Remarks |  |
| Signature of Concerned Doctor  **(By signing I solemnly declare that data entered above is correct).** |  |

Countersigned

**(*PRINCIPAL / CHIEF EXECUTIVE)***

*GKMC / BKMC SWABI*