

**PUNJAB PUBLIC SERVICE COMMISSION****PROFORMA FOR ADVISORS/EXAMINERS****1. PERSONAL DATA**

FULL NAME: \_\_\_\_\_

FATHERS'S/HUSBAND'S NAME: \_\_\_\_\_

CNIC No.: \_\_\_\_\_ (Please also attach Copy of CNIC)

DESIGNATION WITH BPS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

INSTITUTION/DEPARTMENT: \_\_\_\_\_

PHOTO

**2. ACADEMIC RECORD**

QUALIFICATIONS	INSITITIONS	YEAR	DIV	DURATION		AREA OF STUDY
				FROM	TO	

\*Qualifications awarded honorarily should not be mentioned.

\*Please enclose detailed curriculum vitae also.

**3. EXPERIENCE/TEACHING ASSIGNMENTS.**

- Standing with the present trace back your service record.
- The person should be serving at least in BS-18 and should possess postgraduate degree and 10 years teaching experience in the subject of speciality.

POST HELD/ DESIGNATION	FIELD OF SPECIALISATION	INSTITUTION/ DEPARTMENT	DURATION	
			FROM	TO

**4. RESEARCH WORK**

Research Work	Publication(s)	Workshop	Countries visited

**5. PUBLICATIONS/BOOKS****6. EDUCATIONAL WORKSHOP/SEMINARS/CONFERENCES ATTENDED****7. PREFERENCE FOR INTERVIEW STATION:**

Please tick the interview station of your choice.

Lahore	Rawalpindi	Multan	Bahawalpur	D.G.Khan
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**Note:-** Advisors in Health may supply information on the following Workshop, Education Planning & Evaluation, Development & Administration of essay questions & multiple choice questions, evaluation of clinical competence, objective structured clinical examination, teaching skills research methodology, biostatistics & medical writing, problem based learning & standardized patients & communications skills, Advisors in addition to the other experience they have in the topic above must mention their involvement.

**8. MAILING/POSTAL ADREES**

Phone (Res)	Office
Cell No.1	Cell No.2
Fax	E-Mail

**9. I WOULD LIKE TO ENLIST MY NAME AS:**

- a) Advisor in the subject/discipline of \_\_\_\_\_
- b) Examiner in the Subject of \_\_\_\_\_
- c) Both as Advisor and Examiner \_\_\_\_\_

**10. TICK THE RELEVANT**

- a. 

RETIRED	IN SERVICE
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- b. 

PUBLIC SECTOR	PRIVATE SECTOR
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\_\_\_\_\_  
**SIGNATURE WITH STAMP**

PART-II

CONFIDENTIAL

- 1. I affirm that the information given by the officer is correct.
- 2. Remarks/opinion keeping in view the general reputation conduct, integrity and suitability of the officer as an Advisor/Examiner for the Commission as below:-
  - a) Highly recommended \_\_\_\_\_
  - b) Recommended \_\_\_\_\_
  - c) Forwarded \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE AND STAMP  
HEAD OF INSTITUTION**

\_\_\_\_\_  
**FOR PPSC OFFICE USE ONLY**

- 1. Recommendations of the Member Incharge.
  
- 2. Chairman