

**SOP's**  
**FOR ISSUANCE OF TEACHING EXPERIENCE CERTIFICATE**  
**FOR MEDICAL/DENTAL FACULTY MEMBERS**

EXPERIENCE CERTIFICATE REQUEST	SOP's
PROCESS OF RECRUITMENT	<ol style="list-style-type: none"> <li>1. Job Description.</li> <li>2. Advertisement as define in Teaching Regulations.</li> <li>3. Short Listing.</li> <li>4. Interview .</li> <li>5. Interview Committee for Private Sector Institutions, (Department Selection Committee consisting of non-voting one member from affiliated University OR one PM&amp;DC Member / Officer from relevant section who will sign the final recommendations of the Committee). For Public Sector Institutions, the recommendations of Public Service Commission / Departmental Selection Board are required.</li> <li>6. Interview Result.</li> </ol>
JOINING	<ol style="list-style-type: none"> <li>1. Job Description.</li> <li>2. Job Title.</li> <li>3. Designation (Professor / Associate Professor / Assistant Professor / Senior Registrar / Senior Lecturer / Senior Demonstrator &amp; Lecturer / Demonstrator etc).</li> <li>4. Full Time (6 hours per day during college hours).</li> <li>5. Offer Letter.</li> <li>6. Joining Report duly accepted by the Competent Authority.</li> </ol>
REPORT TO PM&DC	<p>The following documents are essentially required:-</p> <ol style="list-style-type: none"> <li>1. Offer Letter.</li> <li>2. Joining Report.</li> <li>3. Job Description.</li> <li>4. Affidavit signed by the VC / Principal/ Dean / Head of Institution.</li> <li>5. Affidavit signed by the concerned Faculty Member</li> <li>6. Statement signed by the Director Finance / Treasurer of concerned Medical / Dental College / University / DAI.</li> <li>7. Faculty Registration.</li> </ol>

**IMPORTANT NOTE:**

1. People cannot join in back dates.
2. Faculty cannot excuse that they don't know about Job Description.
3. The designation and date of joining has to be authenticated.
4. The third party member will ensure that the submitted experience certificate is not issued in back dates.
5. Only experience shall be counted from the date of Faculty Registration.
6. The faculty member shall be registered with PM&DC within one week after issuance of offer letter.
7. Once the experience certificate accredited by the PM&DC on the basis of above documents should not be revised/alterd.

Registrar  
 [Signature]  
 26/9/18

**FLOW CHART FOR RECRUITMENT OF FACULTY &  
IT's REGISTRATION WITH PM&DC**

RECRUITMENT OF FACULTY & IT's REGISTRATION / RECOGNITION OF EXPERIENCE	SOP's
COLLEGE/UNIVERSITY/DAI's	<p>1. Whenever college will declare the faculty the following documents will be attached:-</p> <ol style="list-style-type: none"> <li>Interview Committee recommendations.</li> <li>Offer letter showing the candidate to be a full time faculty member.</li> <li>Affidavit by faculty member with declaration that he has worked at the place of appointment for designated 6 hours per day and has not worked at any other Department / Institute during this time (<b><u>Specimen is enclosed at Appendix-1</u></b>).</li> <li>Affidavit by the Vice Chancellor / Principal / Dean / Head of Institution certifying that the credentials, training letters, financial slips of the faculty member alongwith the declaration that the faculty member has worked at the place of appointment for designated 6 hours per day and has not worked at any other Department / Institute during this time (<b><u>Specimen is enclosed at Appendix-2</u></b>).</li> <li>Statement by Director Finance / Treasurer with Appropriate record with Salary Slips and authentication of continued employment alongwith with evidence of tax deposit certificate at FBR. (<b><u>Specimen is enclosed at Appendix-3</u></b>).</li> </ol>
RECOGNITION TO PM&DC	-
DECISION OF PM&DC	-

*Registrar*  
*[Signature]*  
 26/9/18

AFFIDAVIT

(DEMONSTRATOR / LECTURER / SENIOR DEMONSTRATOR / SENIOR LECTURER / SENIOR REGISTRAR / ASSISTANT PROFESSOR / ASSOCIATE PROFESSOR & PROFESSOR ETC..... MEDICAL / DENTAL COLLEGE / UNIVERSITY / DAIS)

Affidavit of Mr. Mrs. Dr. \_\_\_\_\_ S/o, D/o \_\_\_\_\_  
CNIC No. \_\_\_\_\_ PM&DC No. \_\_\_\_\_  
Designation \_\_\_\_\_ (Demonstrator / Lecturer / Senior Demonstrator / Senior Lecturer / Senior Registrar / Assistant Professor / Associate Professor & Professor etc). Date of appointment \_\_\_\_\_ Department of Work \_\_\_\_\_ Duration of appointment \_\_\_\_\_ (from DD-MM-YY to DD-MM-YY) Personal responsibilities \_\_\_\_\_ (Visiting / Full time / Regular / Adhoc Basis etc), the undersigned duly affirm and declare the oath as under:-

1. That, I the undersigned duly depose that all the credentials, training letters, financial slips, present in my personal file are correct and true.
2. That the undersigned has not worked during his duty hours at any other department / institutions.
3. That I the undersigned shall be responsible personally and shall be liable to face any legal proceedings initiated before PM&DC in case any discrepancy is found in documents, any fake documents was submitted or any concealment of facts.
4. I am fully aware that more than one agency is involved in verification process and considerable time is consumed and I shall not pressurize or demand for any hurry. Will totally accept the decision of the Council 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 PM&DC responds patiently.

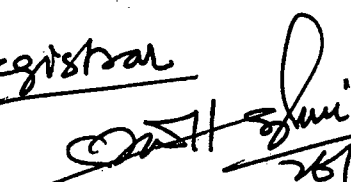
Note: Full Time Faculty i.e the faculty which is available in medical / dental college / university / hospital for teaching, training and education for atleast six hours per day during college hours.

Deponent: \_\_\_\_\_

Verification:-

It is verified, on oath dated \_\_\_\_\_ at \_\_\_\_\_ that the above statement is correct and true to the best of my knowledge and belief and nothing has been concealed therein.

Deponent: \_\_\_\_\_

Registrar  
  
26/9/18

**AFFIDAVIT**

**(VICE CHANCELLOR / PRINCIPAL / DEAN / HEAD OF INSTITUTION**

**.....MEDICAL / DENTAL COLLEGE / UNIVERSITY / DAI)**

Affidavit of Mr. / Mrs. / Dr. \_\_\_\_\_ S/o / D/o \_\_\_\_\_

CNIC No. \_\_\_\_\_ PM&DC No. \_\_\_\_\_

R/O \_\_\_\_\_

that the undersigned duly affirm and declare on oath as under.

1. That, I the undersigned is performing my duty as Vice Chancellor / Principal / Dean / Head of Institution at \_\_\_\_\_ Medical / Dental College / University / DAI.

**Authentication of Faculty**

2. That, I the undersigned duly certify that all the credentials, training letters, financial slips of Mr. / Mrs. Dr. \_\_\_\_\_

S/o, D/o \_\_\_\_\_ CNIC No. \_\_\_\_\_

PM&DC No. \_\_\_\_\_ Designation \_\_\_\_\_ (Demonstrator /

Lecturer / Senior Demonstrator / Senior Lecturer / Senior Registrar / Assistant Professor /

Associate Professor & Professor etc). Date of appointment \_\_\_\_\_ Department

of Work \_\_\_\_\_ Duration of appointment (from DD-MM-YY to DD-MM-YY)

Personal responsibilities \_\_\_\_\_ (Visiting / Full time / Regular / Adhoc

Basis), posted in this medical / dental college / university / DAI are correct and true.

3. That the above stated faculty will not work during his duty hour at any other department / institutions.

4. That I the undersigned shall be responsible personally and shall be liable to face any legal proceedings initiated before PM&DC in case any discrepancy is found in documents, any fake documents has submitted or any concealment of facts.

Note: Full Time Faculty i.e the faculty which is available in Medical / Dental College / University / Institution / Hospital for teaching, training and education for atleast six hours per day during college hours.

Deponent: \_\_\_\_\_

Verification:-

It is verified, on oath dated \_\_\_\_\_ at \_\_\_\_\_

that the above statement is correct and true to the best of my knowledge and belief and nothing has been concealed therein.

*Registrar*  
*[Signature]*  
*26/9/08*

Deponent: \_\_\_\_\_

**STATEMENT**  
**BY**  
**(DIRECTOR FINANCE / TREASURER**  
**.....MEDICAL / DENTAL COLLEGE / UNIVERSITY / DAI)**

Statement of Mr. / Mrs. \_\_\_\_\_ S/o / D/o \_\_\_\_\_  
CNIC No. \_\_\_\_\_ R/O \_\_\_\_\_  
that the undersigned duly affirm and declare on oath as under.

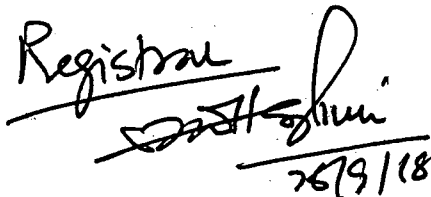
1. That, I the undersigned is performing my duty as Director Finance / Treasurer at \_\_\_\_\_ Medical / Dental College / University / DAIs.

**Authentication of Pay Slips**

2. That, I the undersigned duly certify that all the financial slips i.e Salary Slips and Tax Deposit certificate at FBR of Dr. \_\_\_\_\_  
S/o, D/o \_\_\_\_\_ CNIC No. \_\_\_\_\_  
PM&DC No. \_\_\_\_\_ Designation \_\_\_\_\_ (Demonstrator / Lecturer / Senior Demonstrator / Senior Lecturer / Senior Registrar / Assistant Professor / Associate Professor & Professor etc) his date of appointment \_\_\_\_\_ Department of Work \_\_\_\_\_  
Duration of appointment (from DD-MM-YY to DD-MM-YY) (Visiting / Full time / Regular / Adhoc Basis), posted in this medical / dental institution are correct and true.

4. That I the undersigned shall be responsible personally and shall be liable to face any legal proceedings initiated before PM&DC in case any discrepancy is found in documents, any fake documents has submitted or any concealment of facts.

Name  
(Director Finance / Treasurer)

Registrar  
  
25/9/18