

Name of Institute:

Punjab Medical Faculty 62-A/D New Muslim Town, Wahdat Road, Lahore

Application for Affiliation with Punjab Medical Faculty

Part I

General Information

ontact Details: incipal of the Ins i. Name ii. Qualification iii. Mobile No. iv. Email Addre		
ii. Qualification		
ii. Qualification	1	
iii. Mobile No.	1	
IV. Lillali / laai c	SS	
Yes	ognized by PMDC /CPSP:	Manufacture les les les les antes que des activités de la Renaulté active
ategories approved	with number of seats:	
Sr#	Technology	Seats
1.		
2.		
2.		
3. 4.	f the institute is not working as Princip	pal:

Part II – Physical Infrastructure

Building: Area (Sq Feet) Total Area: Covered area: Class Rooms: Dimensions (length & width) # 1 # 2 # 3 # 4 Laboratories: Pharmacy (for Disp) Pathology (for MLT) Demonstration Room: 1 2	
Total Area: Covered area: Class Rooms: Dimensions (length & width) # 1 # 2 # 3 # 4 Laboratories: Pharmacy (for Disp) Pathology (for MLT) Demonstration Room: 1	
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Pathology (for MLT) Demonstration Room: 1	
Demonstration Room:	
1	
	sentre di indistanzian makamban di indistanzian sentre minera di sanco di lauri o inere desencado
2	
Library/ Reading Room:	
Part III – Financial Base Details of Bank Account:	
Bank/ Branch	

Bank/ Branch	
Account Title	
Account No.	
Date of last external Audit	

Part IV – Attached Hospital / Health Facility (use separate sheet if more than one attached hospital/health facility)

Name of the H	lospital:	Onthe Texas of					
Address:	SS:						
Distance from	the Inst	itute:					
	Atta	Attached < 1 Km			More than 1kM		
				t		MEMILEH WAS ASSESSED.	
Bed Strength:							
Ownership:	<u> </u>						
		Owned	by Institution	Has N	l oU		
Status of the I	Hospital	with Pu	ınjab Healthcar	e Comn	nission:		
	Not Registered			771104	risionally	Licensed	
	Registered			Licensed			
		-					
Mandatory Fa	cilities ir	the H	ospital:				
	Sr.		Cocility	Α		ailability	
	No.		Facility		Yes	No	
	1	Oper	peration Theater				
	2	Clinic	Clinical Laboratory				
	3	X-Ra	у				
				·			
Additional Fac	cilities:						
		1					
		2					
		3					
	ii -	4					
		5					

Signature & Stamp of the Head of Hospital / Health Facility

Part V – Human Resource

Teaching Faculty

Category:	(use separate sheet for each category)

Sr#	Name	Designation	Qualification	Government employee or not	If Govt. servant, NOC from concerned authority	Part / Full Time
1.						
2.						
3.						
4.						
5.						
6.						

Name of Qualification of Course Coordinator:

Signature & Stamp of Head of Institute

Doc	cuments to be attached:
1.	Deed of ownership of building or agreement for rented building or lease agreement (teaching campus and hospital.
2.	MOU with attached hospital (in case the Institution does not own a hospital)
3.	Registration / License of hospital(s) with Punjab Healthcare Commission
4.	Lists of available equipments and chemicals specific for each category applied for
5.	Copies of academic qualifications of all Faculty Members
6.	Service contracts of employees (appointment letters & acceptance of employees)
7.	Legal undertaking on the prescribed format
8.	Relevant letter(s), in case of recognition by PMDC / CPSP
9.	Copies of Income Tax Return
10.	Institution's Prospectus (optional)
11.	Copy of the Bank Account in the name of Institute or owner of the institute