

UNIVERSITY OF KARACHI

FACULTY OF MEDICINE

PERFORMA FOR SUPERVISOR

1. Name (in **Block Letters**) :
2. Designation/Official Address :
3. Phone No. & E-Mail :
4. Qualifications (*start with highest to lowest*) :

Degree	Name of Institution	University/Affiliation	Period attended from	Area of Specialization	Designation

5. i) Total Experience (No. of Years) :

Name of Institution	Duration		Designation
	From	To	

- ii) Teaching Experience (No. of years) :

- iii) Clinical Experience (No. of yrs). :

6. Number of Sponsored Research Projects :
(as Principal Investigator give details separately)
7. Research Guidance (MS/MD or FCPS) :
8. Total No of trainee of present (MS/MD or FCPS)
9. Publications (Please attach list of publications and reprints of at least two publications published recently in National/International Journals/ refereed Conference Proceedings)
 - (a) Number of papers in Referred Journals
 - i) National Journals :
 - ii) International Journals :
10. Any other information :

CONSENT FORM

I forward the application of the Dr. _____ he/she
wish to work under my supervision. I have no objection in guiding him/her in MS/MD _____
Speciality/Sub Speciality _____.

Signature of Supervisor
date:

Dean Faculty of Medicine