

**FORM -V (See Rule 5)**  
**FORM OF REGISTER OF TEACHERS OF APPROVED OR RECOGNISED INSTITUTIONS IMPARTING EDUCATION IN THE**  
**HOMOEOPATHIC SYSTEM OF MEDICINE**

**NAME OF COLLEGE:** Subhan Homoeopathic Medical College

**DISTRICT:** Rajanpur

S. No.	No. of Registration	Date of Registration	Name	Father's Name	Date of Birth	Sex	Religion	Naitonality	Educational and Professional qualifications	Subjects taught by him	Name of Institution	Date of employment in the Institution	Emoplyed full time part time or honorary	Remarks
1	67439		H/DR Umar Abdus Subhooh				Islam	Pakistani			Subhan HMC Rajanpur		Full Time	
2	28384		H/DR Aziz ud Din Umar				Islam	Pakistani					Full Time	
3	66808		H/DR Azhar Hussain				Islam	Pakistani					Full Time	
4	100437		H/DR Ashraf Ali				Islam	Pakistani					Full Time	
5	61235		H/DR Muhammad Ali				Islam	Pakistani					Full Time	
6	135361		H/DR Asad Ullah				Islam	Pakistani					Full Time	
7	51835		H/DR Najam Ul Hussan				Islam	Pakistani					Full Time	
8	66465		H/DR Muhammad Nasir				Islam	Pakistani					Full Time	
9	63090		H/DR Khair Din Ch				Islam	Pakistani					Full Time	
10	149810		H/DR Muhammad Akmal				Islam	Pakistani					Full Time	
11	143528		H/DR Ghazi Anwar				Islam	Pakistani					Full Time	
12	143609		H/DR Tahir Abbas				Islam	Pakistani					Full Time	

