

**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:** Gujrat Homoeopathic Medical College

**DISTRICT:** Gujrat

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	44372		H/DR M.Wakeel	Abdul Shakoor							Gujrat Homoeopathic Medical College Gujrat		Full Time	
2	48526		H/DR M.Arshad Javaid	Mirza Khan									Full Time	
3	66134		H/DR Ghulam Abbas	Ghulam Muhammad									Full Time	
4	138037		H/DR Zarqa Kanwal	Arshad Mehmood									Full Time	
5	96882		H/DR Ghiyas Muhammad	Quiam Din									Full Time	
6	115576		H/DR Khalil Ahmad	Ghulam Din									Full Time	
7	144990		H/DR M.Ghafoor Ahmad	Ahmad Khan									Full Time	
8	145156		H/DR Zargham Wakeel	M.Wakeel									Full Time	
9	146154		H/DR Qurat ul Ain	M.Wakeel									Full Time	
10	51165		H/DR M.Akhtar	Ghulam Haider									Full Time	
11	150043		H/DR Tamoor Wakeel	M.Wakeel									Full Time	
12	154787		H/DR Rabia Wakeel	M.Saleem									Full Time	
13	154530		H/DR Zainab	M.Wakeel									Full Time	
14	153683		H/DR Kanwal Saleem	M.Saleem									Full Time	
15	154546		H/DR Usman Khalil	Khalil ur Rehman									Full Time	

