

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: Thal Homoeopathic Medical College

DISTRICT: Layyah

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			H/DR Syed Ghulam Raza Rizvi	Syed Fazal Haq Rizvi					B.A/DHMS		Thal Homoeopathic Medical College Layyah			
2			H/DR Altaf Hussain	Ghulam Rasool					DHMS					
3			H/DR Khizar Hayat	Muhammad Nawaz					DHMS					
4			H/DR Muhammad Ramzan	Malik Nawab					F.A/DHMS					
5			H/DR Muhammad Javed Iqbal	Muhammad Iqbal					B.A/DHMS					
6			H/DR Sajjad Ahmad Khan	Nazar Ahmad Khan					B.A/DHMS					
7			H/DR Muhammad Khair ul Mehmood	Abdul Khaliq Nazami					F.A/DHMS					
8			H/DR Mushtaq Ahmad	Allah Wasaya					B.A/DHMS					
9			H/DR Mahmood ul Hassan	Ghulam Haider					F.A/DHMS					
10			H/DR Nazar Hussain	Muahmmad Nawaz					F.A/DHMS					
11			H/DR Sajjad Hussain Juni	Sarfraz					B.A/DHMS					
12			H/DR Zaib Rehman	Abdul Rehman					F.A/DHMS					
13			H/DR Nadeem Anjum	Sabbir Ahmad					DHMS					
14			H/DR Muhammad Asghar	Mouj Din					DHMS					
15			H/DR Malik Muhammad Amin	Ghulam Yaseen					FS< DHMS					
16			H/DR Abdul Qayyum	Ghulam Muhammad					F.A/DHMS					

