

**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:** Kharian 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	35662		H/DR Muhammad Idrees Shahzad	Akbar Ali					DHMS/RHMP		Kharian Homoeopathic Medical College Kharian	1/7/2004		
2	155555		H/DR Muhammad Sarmad Saqlain	Muhammad Idrees Shahzad					DHMS/RHMP			1/7/2017		
3	46112		H/DR Shaheena Kousar	Sultan Ali					DHMS/RHMP			1/7/2004		
4	70307		H/DR Muhammad Saba	Muhammad Ali					DHMS/RHMP			1/7/2004		
5	95180		H/DR Muhammad Shafiq	Muhammad Rafiq					DHMS/RHMP			1/7/2004		
6	130845		H/DR Mushtaque Ahmed	Khadam Hussain					DHMS/RHMP			1/7/2010		
7	141059		H/DR Masood Ahmed	Riaz Ahmed					DHMS/RHMP			1/7/2010		
8	140321		H/DR Muhammad Amin ud Din	Ahmad Ali					DHMS/RHMP			1/7/2013		
9	143000		H/DR Muhammad Farhan Zaib	Muhammad Idrees Shahzad					DHMS/RHMP			1/7/2014		
10	153007		H/DR Abdul Qayyum Anwar	Muhammad Anwar					DHMS/RHMP			1/7/2016		
11	153564		H/DR Zeeshan Arshad	Muhammad Arshad					DHMS/RHMP			1/7/2016		
12	154894		H/DR Faisal Ghose	Ghulam Ghose					DHMS/RHMP			1/3/2017		
13	Appllied		H/DR Muhammad Jahan Zaib	Muhammad Idrees Shahzad					DHMS/RHMP			1/7/2017		
14	Applied		H/DR Muhammad Junaid ur Rehman	Muhammad Idrees Shahzad					DHMS/RHMP			1/7/2017		

