

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: Shalimar Homoeopathic Medical College

DISTRICT: Rawalpindi

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	48577		H/Dr. Nighat Qadeer	Abdul Raheem		F	Islam	Pakistani	FA DHMS	Philosophy Materia Med	Shalimar Homoeopathic Medical College Rawalpindi		Full time	
2			H/Dr. Abdul Waheed	Abdul Hameed		M	Islam	Pakistani	FA DHMS				Full time	
3			H/Dr. M. Bashir	Wali Muhammad		M	Islam	Pakistani	FSC DHMS	Biology Hygiene			Honorary	
4			H/Dr. Syed Ghafar	S.Bahral uloom		M	Islam	Pakistani	MBBS	Anatomy Pathology			Full time	
5			H/Dr. Irum Yousaf	M. Yousaf		F	Islam	Pakistani	DHMS	Materia Med Philosophy			Full time	
6			H/Dr. Farhan Ishaq	M. Ishaq		M	Islam	Pakistani	B.TECH DHMS	Psychology			Full time	
7	142372		H/Dr. Ayesha Sadiqa			F	Islam	Pakistani	DHMS	Gynaecology Minor Surgery			Part time	
8			H/Dr. Sana			F	Islam	Pakistani	DHMS	Materia Med Philosophy			Honorary	
9			H/Dr. Rizwan Waheed	Abdul Waheed		M	Islam	Pakistani	MA	Physics Chemistry			Honorary	
10	29012		H/Dr. Abdul Qadeer	Abdul Hameed		M	Islam	Pakistani	BHMS	Forensic Med			Full time	
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