

## Physician CV Form

1. Name of the Doctor: **Dr. Zarfishan Tahir**

2. Contact information:

a. Professional Address: **Associate Prof. Bacteriology Department,  
Division of Microbiology  
Institute Of Public Health,  
6-Abdul Rehman Chughtai Road,  
Lahore.**

b. Email:ztahir1@yahoo.com

Phone NO (office): **042-9200108** 042-99201257

c. Cell No: **0333-4555141**

3. Education: **M.B.B.S, M.Phil**

4. Designation: Associate Professor

- a. Registrar / RMO
- b. Assistant Professor
- c. Associate Professor
- d. Professor
- e. **Head of Department** ✓
- f. Other \_\_\_\_\_ (please mention)

5. Practice Experience in Years:

- a. **5-10**
- b. 11-15
- c. 16-20
- d. more than 20 ✓
- e. others \_\_\_\_\_ (please mention)

6. Specialty of Practice:

- Anesthesiology
- Biological and Biomedical Sciences
- Community Medicine / Family Medicine

- Medicine
  - a. Cardiology
  - b. Diabetes, Endocrinology and Metabolism
  - c. Gastroenterology
  - d. General Medicine
  - e. Hematology and Oncology
  - f. Nephrology
  - g. Neurology
  - h. Pulmonary and Critical Care Medicine ( Chest Medicine)
  
- Obstetrics and Gynecology
  
- Pediatrics and Child Health
- Pathology and Microbiology
  
- Psychiatry
  
- Surgery
  - a. Cardiothoracic
  - b. Dental and Maxillofacial
  - c. General Surgery
  - d. Neurosurgery
  - e. Ophthalmology (Eye)
  - f. Orthopedic Surgery
  - g. Otolaryngology, Head and Neck (ENT)
  - h. Pediatric Surgery
  - i. Urology
  
- Others Bacteriology (please mention)

7. Affiliation of Practice:

**a.** Teaching Hospital ✓

- a. Non Teaching Hospital
- b. Private
- c. Others \_\_\_\_\_ (please mention)

8. Key Opinion Leader (KOL):

- a. Local
- b.** National
- c.** International ✓
- d. Other \_\_\_\_\_ (please mention)

9. Patients' Load ( *no. of patients per day* )

- a. Less than 10
- b. 11-20
- c. 21-40
- d. 41-50
- e. more than 50

**f.** Publication(*optional*): Yes                      No

10. If yes please mention the no of publication \_\_\_\_\_

11. Previous Affiliation with Novartis as

- a. Prescriber
- b. Trialist
- c. Speaker
- d. Ad – Board Member
- e. Others \_\_\_\_\_ (*please mention*)
- f.** None