## APPLICATION FORM FOR REGISTRATION/RENEWAL AS REGISTERED GRADUATE

The Registrar, Liaquat University of Medical & Health Sciences, Jamshoro.

TWO PASSPORT SIZE PHOTOGRAPHS

Dear Sir,

It is stated that I have passed MBBS/BDS Examination from LMC/LUMHS/any other Medical College/University in the Year\_\_\_\_\_. You are therefore requested that my name may kindly be entered in the Register of Registered Graduates as required, under the provisions of Clause-30(1)(d) to be read with 2 (r) of the University Ordinance 2000.

## MY PARTICULAR ARE AS UNDER (BLOCK LETTER OR PRINT)

		<del></del>
1.	Name:	
2.	Father's Name:	
3.	Present (Residential Address):	
4.	Graduation In:	
5.	Name Of The College/University:	
6.	Year of Graduation:	
7.	Annual/Supplementary:	
8.	Seat No	
9.	Present Employment:	
10.	Name/Address of Employer:	
11.	Life Membership/Ordinary Member:	
12.	Mobile Number:	
13.	Registration Fee:	
	• Rs.50/- For First Registration	
	<ul> <li>Rs.50/- For Yearly Renewal</li> <li>Rs.2000/- For Life Membership</li> </ul>	
	KS.2000/ - FOI LITE MEMBERSHIP	
	Is sent herewith vide P.O/D.D No	Dated
		Yours Faithfully,
Place		(Signature of Applicant)
Dated 		
1.	attach the following: Attested copy of the Pass Certificate/Degree.	
2. 3.	Attested copy of CNIC.  Attested copy of Pakistan Medical & Dental Council card.	
4.	In the case the applicant is a MBBS/BDS graduate of the University other than LMC/LUMHS, a	
	certificate of residence to the effect that he/she re the University.	sides within the territorial jurisdiction of
	<u>CERTIFICATE</u>	
	Certified that the application has been signed by the apally known to me or has been identified by Dr	· · · · · · · · · · · · · · · · · · ·
to me.		
		Signature & Seal of The Attesting Officer (BPS-17 or above)