



**Liaquat University of Medical and Health Sciences Jamshoro
DIPLOMA FAMILY HEALTH CARE (DFHC)**

ADMISSION FORM									
	NAME OF ORGANIZATION				DATE OF BIRTH/AGE				
TITLE									
FIRST NAME									
SURNAME									
Designation/Place of Work									
Are you a general Practitioner? If yes: Name & address of Clinic									
Have you internet facilities and power back up. Please describe									
GENDER				CNIC					
PMDC REG NO:					YEAR OF GRADUATION				
POSTAL ADDRESS	HOUSE NO			CITY			DISTRICT		
TELEPHONE : WORK	Dialing Code	Number		HOME	Dialing Code	Number			
CELL PHONE				EMAIL ID					
Final Year Marks %				Achievements					
SIGNATURE				DATE					
Fees	Application Processing Fees (Non Refundable)			FINAL REGISTRATION Fees (To be paid after admission)					
PAYMENT OPTION	To be submitted along with admission form Rs.2000/=			Payment Options: 1.Full Course Rs. 37,200/= (Includes Admission/Tuition/ Enrollment and Workshop fees. Does not include examination fees) 2. Can be sent in two installments. First Installment Rs. 22,200/=(Remaining Rs.15000 to be paid before start of Second Session)					
DEPOSIT by Bank Draft/ Pay Order:	All pay orders to be sent In the name of:" DFHC LUMHS". Except Rs. 1200/- in the name of " VC LUMHS" as Enrolment Fees along with Enrolment Form.								
BANKING DETAIL	Bank: Branch: Branch Code: Account No:								
To send online from Pakistan	Habib Bank Ltd. Sindh University Branch LUMHS Jamshoro 0072 79 0107740 3								
To send online from abroad	PK36 HABB 0000 7279 0107 740 3								
NB: Your registration can not be completed if the registration fee is not enclosed with this form. Please return this form with proof of deposit to: Focal Person DFHC LUMHS Jamshoro. Send proof of your payment by registered courier in case of online deposition.									
FOR OFFICE USE									
STUDENT NUMBER					Enrollment No:				