



**LIAQUAT UNIVERSITY OF
MEDICAL & HEALTH SCIENCES
JAMSHORO-SINDH-PAKISTAN**

PHOTOGRAPH

BATCH

MBBS

BDS

DPT

PG

REGISTRATION FORM: LUMHS CONVOCCATION 2018

CANDIDATE'S
INFORMATION

FULL NAME

FATHER'S NAME

ADDRESS

DATE OF BIRTH

GENDER

MALE

FEMALE

NIC (NEW)

ACADEMIC
INFORMATION

EXAMINATION

FINAL PROF. (MBBS/BDS)

POST GRADUATION

DPT

YEAR

ANNUAL/BI-ANNUAL

POSITION

DISTINCTIONS

FUTURE
PLANS

EMAIL ADDRESS

OFFICE/RESIDENTIAL NUMBER

CELL NUMBER

NOTE: EACH FORM IS TO BE ACCOMPANIED WITH 3 COLORED PHOTOGRAPHS. (TWO PASSPORT SIZED and ONE 1"x1". GRADUATES COMPETING FOR MEDALS AND AWARDS SHOULD SUBMIT ATTESTED PHOTOCOPIES OF THEIR RESPECTIVE MARKS SHEETS.

DATE

SIGNATURE