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REGISTRAR

LIAQUAT UNIVERSITY

OF MEDICAL & HEALTH SCIENCES, JAMSHORO, SINDH - PAKISTAN

URL: www.lumhs.edu.pk

Telephone # 92-22-9213305, Fax # +92-22-9213306

Email: registrar@lumhs.edu.pk, registrarlumhs@yahoo.com

REGISTRATION AS REGISTERED GRADUATES

In pursuance of Clause-30(1)(d) read with Clause-2(r) of the LUMHS Ordinance 2000, applications are invited from MBBS/BDS graduates, on the prescribed application form for Registration as Registered Graduate as under:

- i) MBBS/BDS Graduates of LMC/LUMHS who are residing in the Sindh Province;
- ii) MBBS/BDS Graduate of other Colleges/Universities who are residing within the territorial jurisdiction of this University i.e. all tagged districts of LUMHS, Jamshoro.

Registration fees be charged as under:

- 1) Rs.50/- For First Registration,
- 2) Rs.50/- For Yearly Registration,
- 3) Rs.2000/- For Life Membership.

NOTE:

No person shall be eligible as Registered Graduate, if he/she has declared a Bankruptcy and is convicted for any criminal offences or is involved in Immoral activities.

The prescribed Application Forms can be obtained from the office of the Deputy Registrar (Academics), Liaquat University of Medical & Health Sciences, Jamshoro, on any working day during office hours or can be downloaded from the University web site: www.lumhs.edu.pk. Duly filled-in application forms supported by required documents along with DD/Pay Order amount prescribed fee drawn in favour of Vice-Chancellor, LUMHS, Jamshoro, must reach in the office of the undersigned not later than 15th December 2015.


(DR. BUX ALI PITAFI)
REGISTRAR

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)

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
 - Rs.50/- For Yearly Renewal
 - Rs.2000/- For Life Membership

Is sent herewith vide P.O/D.D No. _____ Dated _____

Yours Faithfully,

(Signature of Applicant)

Place _____

Dated _____

Please attach the following:

1. Attested copy of the Pass Certificate/Degree.
2. Attested copy of CNIC.
3. 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 resides within the territorial jurisdiction of the University.

CERTIFICATE

Certified that the application has been signed by the applicant in my presence and that he/she is personally known to me or has been identified by Dr. _____ who is personally known to me.

Signature & Seal of
The Attesting Officer (BPS-17 or above)