

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO APPLICATION FORM



FOR ADMISSION TO
POSTGRADUATE DEGREE / TRAINING PROGRAMS
FOR MD/MS ACADEMIC SESSION JULY 2017

Photograph

Course / Program Applied For

Fee Paid (PKR): 3500/= Name of Bank:

Challan / Draft / Pay Order No. Dated:

PERSONAL INFORMATION

Name: Marital Status:

Father' Name:

Husband's Name:

Status (Private or Inservice candidate):

Name of employer / organization:
(For inservice candidate only)

Present Posting / Position:

Address: (Present)

(Permanent)

Telephone no(s): off: Res:

Cell: Email:

Date of Birth:

Nationality: Religion:

Domicile: Blood Group:

Computerized National Identity Card (CNIC) No.

PMDC Registration No: Valied upto:

Passport No: Country:
(For foreign applicants only)

Candidate's Signature

ACADEMIC RECORD			
Year of Graduation:		Institution:	
EXAMINATION PASSED	YEAR	NUMBER OF ATTEMPTS	MARKS OBTAINED OUT OF TOTAL
First Proof:			
Second Proof:			
Third Proof:			
Final Proof:			
Any other qualification			

RECORD OF JOB EXPERIENCE / EMPLOYMENT / RESIDENCY
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NATURE OF JOB	DESCRIPTION / SPECIALTY	DURATION	INTITUTION
1. House Job	a) b) c) d)		
2. All jobs (In chronological)			

(Attach additional sheet, if necessary)

PUBLICATIONS IN PMDC RECOGNIZED JOURNALS

S.R. NO	TITLE	AUTHORSHIP STATUS 1ST, 2ND, 3RD	ISSUE OF JOURNAL

(Attach additional sheet, if necessary)

LIST OF COURSES/WORKSHOPS/ TRAININGS ATTENDED (IF ANY)

(Attach additional sheet, if necessary)

REFERENCES:

Name of Two reputed and responsible persons

REFERENCE-I	
Name:	
Position:	
Address:	
Tel. # Res:	Mobile:

REFERENCE-II	
Name:	
Position:	
Address:	
Tel. # Res:	Mobile:

DECLARATION

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE ALL THE RULES & REGULATIONS OF POST GRADUATE PROGRAMS LUMHS, MENTIONED IN GUIDELINES AND ANY CHANGES MADE BY THE UNIVERSITY AUTHORITIES FROM TIME TO TIME, WITHOUT PRIOR NOTICE.

Date _____

CANDIDATE'S SIGNATURE

Please read and follow the instructions before filling the application form

Instructions

1. Please complete all the parts, incomplete/ short Document form will not be entertained.
2. Please write in CAPITAL & use black ink.
3. Attached all attested Photocopies of relevant documents.
4. Separate Form to be filled for each course.

CHECK LIST OF DOCUMENTS

Please fill all the columns & tick as appropriate.

1. Four passport size recent photographs.
2. MBBS/BDS Degree/B.Sc Nursing/B Pharmacy/BS Bio Medical Technology
3. Valid PMDC registration certificate
4. House Job Certificate
5. Consolidated or separate marks sheets of all professionals examinations.
6. Matriculation Certificate
7. Computerized National Identity Card (CNIC)
8. Domicile Certificate of other Candidate.
9. Certificate of any other qualification.
10. Publications (s) (if any)
11. Certificate of present posting/employment
12. Registrar/RMO in relevant field certificate
13. N.O.C from parent department (for inservice)

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signature of candidate

FOR OFFICE USE ONLY

Receipt No: _____ Seat No: _____

Documents: Complete / Incomplete _____ Eligible: _____ Not Eligible: _____

Part-I / Entry Test Marks: _____ Total Marks: _____

(SIGNATURE OF DIRECTOR)
Postgraduate Medical Centre
LUMHS, Jamshoro



ADMIT SLIP

Part-I Examination / Entry Test for Admission
To Postgraduate Courses MD/MS Academic Session July 2017

Seat No.		Form No.		
Course		Venue	LUMHS, Jamshoro	
Date		Time		

Name: _____

S/O, D/O, W/O: _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal



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S/O, D/O, W/O: _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal

Name: _____

Address: _____

City: _____

Country: _____

Phone # _____

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