

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO

APPLICATION FORM FOR ADMISSION TO

FCPS-II COURSES (FOUR YEARS DURATION)

ACADEMIC SESSION JANUARY 2022



Sr. #

Photograph

Course / Program Applied For

Challan / Draft / Pay Order No.

Dated:

Amount

Name of Bank:

PERSONAL INFORMATION

Name:

(as written in Degree Certificate)

Marital Status:

Father's Name/Husband's Name:

Status (Private or Inservice candidate)

Address:

Telephone No(s) Cell:

Email:

Date of Birth:

Religion:

Nationality:

Domicile:

Blood Group:

Computerized National Identity Card (CNIC) No.

PMDC / PMC Registration No:

Valid up to:

Passport No:

(For foreign applicants only)

Country:

Candidate's Signature

ACADEMIC RECORD / BACKGROUND:			
DEGREE / QUALIFICATION	NAME OF COLLEGE/ UNIVERSITY	YEAR OF PASSING	DATE OF DECLARATION OF RESULT
MBBS			
FCPS-I			

RECORD OF JOB EXPERIENCE / EMPLOYMENT / RESIDENCY
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NATURE OF JOB	DESCRIPTION/SPECIALTY	DURATION	INSTITUTION
1. House Job	a) b) c) d)		

(Attach additional sheet, if necessary)

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Please read and follow the instructions before filling the application form

- a) Complete all the parts, incomplete/ short Documents forms will not be entertained.
- b) Attached following attested Photocopies of relevant documents:
 1. FCPS-I (Congratulations Letter)
 2. MBBS
 3. Valid PMDC/PMC registration certificate.
 4. House Job Certificates.
 5. Domicile certificate.
 6. Computerized National Identity Card (CNIC).
 7. NOC for inservice candidates working in any Government Organization
 8. Copy of original Challan Form.
 9. Three Passport size Photographs.

DECLARATION

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

Date _____

CANDIDATE'S SIGNATURE



LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO

ADMIT SLIP (OFFICE COPY)

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Photograph

Seat No.		Courses:	
Date:		Venue:	PGMC, LUMHS, Jamshoro
Time:		Mobile No:	

Name: _____

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

Signature of
Candidate

Signature of Director
with Seal



LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES JAMSHORO

ADMIT SLIP (STUDENT COPY)

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Photograph

Seat No.		Courses:	
Date:		Venue:	PGMC, LUMHS, Jamshoro
Time:		Mobile No:	

Name: _____

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

Signature of
Candidate

Signature of Director
with Seal

Name: _____

Address: _____

City: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Phone No. _____