



LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO APPLICATION FORM

FOR ADMISSION TO POSTGRADUATE COURSES,
ACADEMIC SESSION JANUARY 2019

Photograph

Course / Program Applied For

Fee Paid (PKR): 3500/- Name of Bank: Advertisement No. & Date:

Challan / Draft / Pay Order No.

Dated:

PERSONAL INFORMATION

Name:

(as written in Degree Certificate)

Marital Status:

Father's Name / Husband's Name:

Status (Private or In-service candidate):

Name of employer / organization:

(For in-service candidate only)

Present Posting / Position:

Address: (Present)

(Permanent)

Telephone no(s):Cell:

Residence:

Email:

Date of Birth:

Religion:

Nationality:

Domicile:

Blood Group:

Computerized National Identity Card (CNIC) No.

PMDC 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	CGPA/ GRADE	MAJOR SUBJECTS

RECORD OF JOB EXPERIENCE / EMPLOYMENT / RESIDENCY

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

(Attach additional sheet, if necessary)

PUBLICATIONS IN PMDC RECOGNIZED JOURNALS OR INTERNATIONAL JOURNAL/ PUBLISHED RESEARCH ARTICLES/ PUBLICATIONS

S.R. NO	TITLE	NAME OF JOURNAL	ISSUE OF JOURNAL	IMPACT FACTOR

(Attach additional sheet, if necessary)

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. Four Passport size Photographs.
 2. MBBS/BDS
 3. Valid PMDC registration certificate.
 4. House Job Certificates.
 5. Domicile certificate.
 6. Computerized National Identity Card (CNIC).
 7. NOC for inservice candidate.
 8. Copy of original Challan Form.
 9. FCPS-I (Congratulations Letter)

DECLARATION

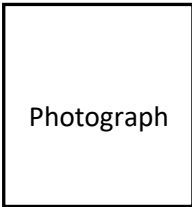
I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE ALL THE RULES & REGULATIONS OF POST GRADUATE MEDICAL CENTRE LUMHS, JAMSHORO AND ANY CHANGES MADE BY THE UNIVERSITY AUTHORITIES FROM TIME TO TIME, WITHOUT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

Date _____

CANDIDATE'S SIGNATURE



ADMIT SLIP (OFFICE COPY)
FOR ADMISSION TO
POSTGRADUATE COURSES, ACADEMIC SESSION JANUARY 2019, LUMHS JAMSHORO



Seat No.	<input type="text"/>	Courses:	<input type="text"/>
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Date:	<input type="text"/>	Venue	PGMC, LUMHS, Jamshoro
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Time	<input type="text"/>	Mobile No:	<input type="text"/>
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Name: _____

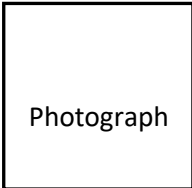
S/O,D/O,W/O: _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal



ADMIT SLIP (STUDENT COPY)
FOR ADMISSION TO
POSTGRADUATE COURSES, ACADEMIC SESSION JANUARY 2019, LUMHS JAMSHORO



Seat No.	<input type="text"/>	Courses:	<input type="text"/>
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Date:	<input type="text"/>	Venue	PGMC, LUMHS, Jamshoro
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Time	<input type="text"/>	Mobile No:	<input type="text"/>
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Name: _____

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

Signature of Candidate

Signature of Director with Seal

Name: _____
Address: _____

City: _____
Phone # _____

Name: _____
Address: _____

Cit _____
Phone # _____