



**Liaquat University of Medical and Health Sciences Jamshoro**  
**DIPLOMA FAMILY HEALTH CARE (DFHC)**

ADMISSION FORM									
		NAME OF ORGANIZATION				DATE OF BIRTH/AGE			
TITLE									
FIRST NAME									
SURNAME									
Designation									
GENDER		CNIC				- - - - -			
PMDC REG NO:		YEAR OF GRADUATION							
POSTAL ADDRESS		HOUSE NO		CITY		DISTRICRT			
TELEPHONE : WORK		Dialing Code	Number	HOME	Dialing Code	Number			
CELL PHONE		EMAIL ID							
Final Year Marks %		Achievements							
SIGNATURE		DATE							
Fees		Application Processing Fees (Non Refundable)		FINAL REGISTRATION (To be paid after admission)					
PAYMENT OPTION		To be submitted along with admission form  Rs.2500/=		Payment Options: 1. Full Course <b>Rs. 48,200/=</b> (Includes Admission/Tuition/ Enrollment and Workshop fees) 2. First Installment <b>Rs. 30,200/=</b> (Remaining <b>Rs.18000</b> to be paid before start of Second Session)					
DEPOSIT by Bank Draft/ Pay Order:		In the name of: DFHC LUMHS							
BANKING DETAIL		Bank: Branch: Branch Code: Account No:							
To send online from Pakistan		Habib Bank Ltd. Sindh University Branch LUMHS Jamshoro 0072 79 0107740 3							
To send online from abroad		PK36 HABB 0000 7279 0107 740 3							
<p><b>NB:</b> Your registration can not be completed if the registration fee is not enclosed with this form. Please return this form with proof of deposit to: Focal Person DFHC LUMHS Jamshoro. Send proof of your payment by registered courier in case of online deposition.</p>									
<b>FOR OFFICE USE</b>									
STUDENT NUMBER						Enrollment No:			