# *LIAQUATUNIVERSITY*

DIRECTORATE OF
MEDICAL EDUCATION

### OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN

URL: <u>www.lumhs.edu.pk</u>E-mail: dmelumhs@lumhs.edu.pk Telephone # 92-22-9213373 Paste a Passport Size Picture Here

## **Certificate of Health Professional Education**

#### ADMISSION FORM

Form No(Office U	Jse only)					
Date of Submission Form:_	/					
Note: 1. Please read the instructor filling this form:	ions given in the adn	nission policy in	the prospectus and	at the back of this a	application form	before
2. Fill the form in Capital I	Letters.					
Name:		Father's Na				
Date of birth (dd/mm/yy):	//		Gender: M	F		
Domicile:	Nationality:	<i>NIC</i> :		-		-
Mailing Address:						
Permanent Address:						
Phone (Res): Cell #:			Email:Passport #:			
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Name of Institutions	City, Country	Dates Receive	ALIFICATIONS  d Degree	Marks Obtained	Total Marks	%
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		Employme	ent Record			
Name of Institutions Major R		bilities	Position	Dates Emp	loyed	

#### IMPORTANT NOTE / INSTRUCTIONS

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents in the

following sequence. The documents & certificates must be attested by Gazetted Officer/ The stamp of the officer must bear full name, designation and current place of duty. Note: Check  $(\sqrt{\ })$  the relevant box for the attached documents. Three Passport Size Pictures Copy of Final Degree Valid Faculty Registration Copy of valid CNIC Copy of any relevant experience certificates Copy of professional Resume NOC From HOD / Chairperson Foreign students must submit copy of Passport Use additional page if required. All applicants must appropriately fill and sign the admission form. Incomplete/not properly filled form in any respect will be rejected. Avoid rewriting/cutting, while filling the form. Applications should reach Directorate of Medical Education – LUMHS on or before the closing date and time. Applications received after the due date and time will not be entertained for admission. Application forms with any false statement by the candidate will be rejected If any certificate submitted by the candidate is found false, or forged during his/her study period his/her admission shall be cancelled forthwith and he/she shall be blacklisted for admission. **DECLARATION** Certified that the facts produced are correct to the best of my knowledge. Signature of the Applicant:\_\_\_\_\_ For office Use only Remarks / Requirements Receipt No. \_\_\_\_\_ Dated: \_\_\_\_ Checked by Office Assistant:\_\_\_\_ Received App. Form No.\_\_\_\_\_ Bank receipt No. \_\_\_\_ Amount deposited: \_\_\_\_ Dated: \_\_/\_\_/\_ Checked by Office Assistant: Directorate of Medical Education Liaquat University of Medical & Health Sciences, Jamshoro