

APPLICATION FORM
FOR REGISTRATION/RENEWAL AS REGISTERED GRADUATE

The Registrar,
Liaquat University of Medical & Health Sciences,
Jamshoro.

TWO PASSPORT
SIZE
PHOTOGRAPHS

Dear Sir,

It is stated that I have passed MBBS/BDS Examination from LMC/LUMHS/any other Medical College/University in the Year_____. You are therefore requested that my name may kindly be entered in the Register of Registered Graduates as required, under the provisions of Clause-30(1)(d) to be read with 2 (r) of the University Ordinance 2000.

MY PARTICULAR ARE AS UNDER (BLOCK LETTER OR PRINT)

1. Name: _____
2. Father's Name: _____
3. Present (Residential Address): _____

4. Graduation In: _____
5. Name Of The College/University: _____
6. Year of Graduation: _____
7. Annual/Supplementary: _____
8. Seat No. _____
9. Present Employment: _____
10. Name/Address of Employer: _____
11. Life Membership/Ordinary Member: _____
12. Mobile Number: _____
13. Registration Fee:
 - Rs.50/- For First Registration
 - Rs.50/- For Yearly Renewal
 - Rs.2000/- For Life Membership

Is sent herewith vide P.O/D.D No. _____ Dated _____

Yours Faithfully,

(Signature of Applicant)

Place _____

Dated _____

Please attach the following:

1. Attested copy of the Pass Certificate/Degree.
2. Attested copy of CNIC.
3. Attested copy of Pakistan Medical & Dental Council card.
4. In the case the applicant is a MBBS/BDS graduate of the University other than LMC/LUMHS, a certificate of residence to the effect that he/she resides within the territorial jurisdiction of the University.

CERTIFICATE

Certified that the application has been signed by the applicant in my presence and that he/she is personally known to me or has been identified by Dr. _____ who is personally known to me.

Signature & Seal of
The Attesting Officer (BPS-17 or above)