

Specialized Healthcare and Medical Education Department, Government of the Punjab

APPLICATION FORM FOR JOINT CENTRALIZED ADMISSION TEST EXAMINATION (JCAT)

Tick the relevant box:	
MS Surgery & Allied Specialties	Please affix 4
MD Medicine& Allied Specialties	Photographs attested from
MDS Dental Surgery & Allied Specialties	backside. (4x4)
<u>Instructions</u>	
 Use CAPITAL letters and write your details exactly as they appear in your documents. Incomplete application form will not be accepted / entertained. Cutting / over writing / tampering is not allowed. Candidates found to have made false or incorrect statements in the form are liable to be expected. 	pelled.
Applicant's Personal Information	
1. Full Name (First, Middle, Last)	
2. Father's Name (First, Middle, Last)	
3. CNIC. No. 4. PMDC No.	
	-
	(n) =
5.Date of Birth (DD/MM/YYYY) 6. Gender (i). Male	(ii). Female
7. Address:	
(i). Present	
(ii). Permanent.	
8. Domicile	
9. Nationality	
10. Mobile Number 11. Landline Number	
10. Mobile Number 11. Landline Number	
12. E-Mail Address (Compulsory)	

13. Educational Information

Degree	Subject	Institute/ Board/ University	Passing Year	Obtained Marks	Total Marks	No. of Attempts	Grade/Division With Percentage
MATRIC/ O-LEVEL							
INTERMEDIATE /A-LEVEL							
MBBS/BDS OR EQUIVALENT							
M.Phil./MS/MD /MDS/FCPS OR EQUIVALENT							

14. <u>Fee Details</u>	
Amount PKR:	Bank Challan No. /Pay Order No.:

Date:_____Branch/Bank:____

15. Declaration and Signature

I solemnly declare that:

•	All the information provided by me in this form is correct to the best of my knowledge and belief,
	and no material has been concealed or withheld herein. Incomplete form in any way will be
	rejected.

Signature of Applicant	

Date:	/ /	

16.Check List

Answered all relevant fields and attached attested copies of all below mentioned documents/certificates:

- Matriculation
- Intermediate
- Equivalence of O & A levels from IBCC
- DMCs& Degree of all MBBS/BDS/equivalent professional examinations
- Attempt Certificate of MBBS/BDS/equivalent
- House Job Completion Certificate (One Year)
- DMCs and Degrees of M.Phil./MD/MS/MDS/FCPS or Equivalent (if applicable)
- CNIC/Passport
- Domicile certificate
- Four Passport size Photographs in blue background
- Valid PM&DC Registration
- Pay Order/ Bank Challan Receipt (attached in original)
- No Objection Certificate (NOC) from Current Employer

SessionJanuary, 2017

ORIGINALFor Office Use

ADMITTANCE CARD JCAT EXAMINATION

(Roll Number)

For office use only

PROGRAM			
Venue: (for office use only):	-		
Date: <u>17-11-2016</u>	Time: 10:00 am		Paste Recent
Name:			Photograph
Father's Name:			(ID card size)
CNIC /Passport No			
Mobile:	E-Mail Address (Compulsory) -		
 Cell Phones /PDAs/other election of Cell Phones /PDAs	t and Clip Board; exchange of stationary is strict or and Clip Board; exchange of stationary is strict or and Clip Board; exchange of stationary is strict or and clip Board; exchange of stationary is strict or and clip Board; exchange of stationary is strictly prohibited inside the Elliphones /PDAs/other electronic devices etc. will examination hall at least 30 minutes beforethe st	xamination centre. I be available at the examinate of examination.	
For Candidate	ADMITTANCE CARD		
DDGCDANA	JCAT EXAMINATION		
PROGRAM Venue: (for office use only):			
Date: 17-11-2016	Time: 10:00 am		
			Paste Recent Photograph
Father's Name:			(ID card size)
CNIC /Passport No			

NOTE:

- Bring original CNIC/ Passport.
- Bring your own <u>Blue Ball Point and Clip Board</u>; exchange of stationary is strictly prohibited.
- Cell Phones /PDAs/other electronic devices are strictly prohibited inside the Examination centre.
- No facility for collection of Cell Phones /PDAs/other electronic devices etc. will be available at the examination centre.
- Candidate must reach in the examination hall at least 30 minutes beforethe start of examination

Signatures of the Candidate
