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| Pb Gov | **Specialized Healthcare and Medical Education Department, Government of the Punjab** |

**APPLICATION FORM FOR JOINT CENTRALIZED ADMISSION TEST EXAMINATION (JCAT)**

**Tick the relevant box:**

Please affix 4 Photographs attested from backside. (4x4)

**MS Surgery & Allied Specialties**

**MD Medicine & Allied Specialties**

**MDS Dental Surgery & Allied Specialties**

**Instructions**

1. Use CAPITAL letters and write your details exactly as they appear in your documents.
2. Incomplete application form will not be accepted / entertained.
3. Cutting / over writing / tampering is not allowed.
4. Candidates found to have made false or incorrect statements in the form are liable to be expelled.

**Applicant’s Personal Information**

1. Full Name (First, Middle, Last)

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2. Father’s Name (First, Middle, Last)

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3. CNIC. No.

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4. Date of Birth (DD/MM/YYYY) 5. Gender (i). Male (ii). Female

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6. Address:

(i). Present

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(ii). Permanent.

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7. Domicile

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8. Nationality

9. Mobile Number 10. Land line Number

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11. E-Mail Address **(Compulsory)**

**12. Educational Information**

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| 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 |  |  |  |  |  |  |  |

**13. Fee Details**

Amount PKR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Challan No. /Pay Order No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch/Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. 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: / /

**15. 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

**Session July, 2016** (Examination Centre)

**ORIGINAL**

**For Office Use**

**ADMITTANCE CARD**

**JCAT EXAMINATION**

**PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S**

**Venue:**

**Paste Recent Photograph**

**(ID card size)**

**Date: 28-05-2016 Time: 10:00 am**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC /Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address **(Compulsory**) ----------------------------------------

**NOTE :**

* Bring original CNIC/ PASSPORT.
* Bring your own Blue Ball Point and Clip Board; 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 before the start of examination.

**Signatures of the Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Session July, 2016** (Examination Centre)

**DUPLICATE**

**For Candidate**

**ADMITTANCE CARD**

**JCAT EXAMINATION**

**PROGRAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Venue:**

**Paste Recent Photograph**

**(ID card size)**

**Date: 28-05-2016 Time: 10:00 am**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC /Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signatures of the Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**