

UNIVERSITY OF HEALTH SCIENCES LAHORE

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<u>APPLICATION FORM FOR PUNJAB RESIDENCY PROGRAM</u> (LEVEL – III) TRAINING (for office use only)

Form No:-

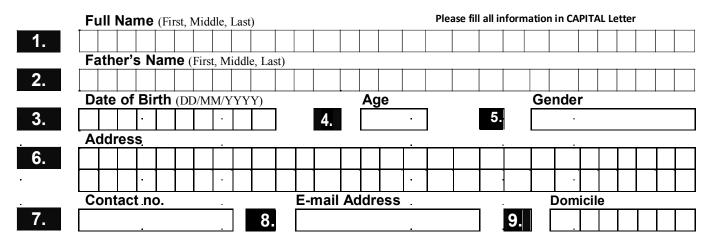
Please affix 4 Photographs attested from backside. (4x4)

PMDC Number:- -----

Dated:-----

CNIC Number:-_____

Applicant's Personal Information



Current enrolment in Level-III Program

Specialty	Name of Institution	Joining Date	RTMC No.

Order of Preference	Level III Qualification	Institute	Signature of Applicant
1.			
2.			
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25.			

Provide the list of level III Year 3 Training Preferences in the Table given below

Check List:-

I hereby affirm 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. In case any information provided now is found to be incorrect during the course of my training my selection shall be immediately cancelled.

Applicant's Signature

 \Box I have filled all the relevant columns.

- Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)
 - MBBS / BDS degree / Equivalent Qualification Certificate
 - □ RTMC Certificate
 - Attach copy of Detailed Marks Certificate of each year
 - CNIC
 - □ PMDC Registration Certificate
 - Domicile

Enclosed three attested copies of recent photographs.

Applicant's signature