Serial No:



UNIVERSITY OF HEALTH SCIENCES Lahore

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304-9

ADMISSION FORM FOR POST GRADUATE CERTIFICATE IN MEDICAL TEACHING

NOTE:

- The name/spelling of the candidate and his/her father name be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the Certificate issued to you by the University.
- Please fill in the form with black ink only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.

Please Paste photograph here attested from front side (3X3 cm) with blue Background

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10 Job	Experience:			
	(The applicant MUST have at lea	st 1 year of teaching ex	perience in a Medical Co	ollege/ Institution as a Demonstrator
	/ Senior Demonstrator/Senior Re	gistrar/ Assistant Profes	ssor and above.)	
i)				
ii)				
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iii)				
Do	cuments to be attached			
11	ave attached attested copies of the	ne following documents	s with this form (tick app	propriate box)
	Degree of MBBS/BDS Hou	se Job Certificate	Current Teaching Position	
	01 Photographs size (3x3 cm) paste	at given place	NOC from Employer	CNIC Copy
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12				
I he	reby solemnly declare that: (1)	the information provid	ed and statement made	e by me in this form are true and
	•	_		eld herein. (2) I shall be responsible
	•	-	_	e. (3) I understand that applying for
		•		such case, the University has every
· ·		d, I will be responsible	to submit the require co	ourse fee of Rs. 80,000/- prior to
he start o	f course.			
Date	::			
				Signature of the Applicant
13		CERTIFICATE B	Y THE PRINCIPAL	
1.	It is certified that Dr.		has year of teachir	ng experience as Lecturer /
	Demonstrator / Senior Registrar /	Assistant Professor / A	ssociate Professor / Prof	fessor.
2.	The above mentioned doctor will	be allowed to attend the	e teaching sessions at Si	ialkot Medical College, Sialkot /
	Khawaja Muhammad Safdar Med	dical College, Sialkot fo	the duration of the cours	se that shall not exceed ten working
	days.			
Da	ted:			
Da	.~~.			Signature of Principal (with stamp)