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.
- Pleas e 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.
- Admission form s hall be filled in legibly and correctly by the candidate in his/her own handwriting. <u>Incomplete</u>
   and incorrect admission for m may be cancelled. The University shall not take any responsibility for the
   consequences.
- Wherever small choice field boxes " are provided in the form, the box adjacent to the appropriate answer is to be tic ked or crossed. 

  The are provided in the form, the box adjacent to the appropriate answer is to be tic ked or crossed.

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

															L
Father's	Name (fi	st, middle	, last)						ı	ı	ı	ı			
Applican	t's NIC														
Name of	Institutio	n		•		•	•								

10	Curre	nt Job Status:				
	(T h	applicant M UST have at least 3 years	s of teach ing exper ience i n	a Medio	cal Colle ge/I institution f or as a De mon	strator /
	Sen	or Demonstrator/Senior Registrar or A	ssist ant Professor.			
	i)					
	')					
	ii)					
	iii)					
	iv)					
11	Do	cuments to be attached				
	l ha	ve attached attested copies of thefollo	owing documents with this for	orm (ticl	k appropriate box)	
		Degree of MBBS/BDS	House Job Certificate		Current Teaching Position	
		03 photographs size (3x3 cm) paste	at given place and			
		01 photograph size (3x3 cm) (atteste	ed from back side) attach wi	ith admi	ission Forms.	
			CERTIFICATE	BYT	THE APPLICANT	
12		I hereby solemnly declare	that: (1) the informati	ion pro	ovided and statement made by	y me in this form are true and
,	corr	ect to the best of my knowled	ge and belief and noth	hing m	naterial has been concealed or	r withheld herein. (2) I shall be
	resp	onsible if my application form	is rejected for any er	rors, v	wrong or incomplete entries ma	ade by me. (3) I understand that
	арр	ying for this course with out	being eligible for it is a	a crim	e punishable under the act of	law, and in such case, the
	univ	ersity has every right to cand	cel my application. (4)	) If sel	ected, I will be responsible to	submit the require course fee of
		25,000/- prior to the start of co			,	
		,				
	Date	<b>:</b> :				Signature of the applicant
13			CERTIFICA	ATE	BY THE PRINCIPAL	
	1.	It is certified that Dr			_has years of teaching	experience as Demonstrator/Senior
		Registrar/Assistant Professo	or.			
	2.	The above mentioned doctor	will be allowed to atte	end th	e teaching sessions at Univers	sity of Health Sciences for the duration
		of the course that shall not e	exceed ten working da	ays.		
	-					
Dated:						Cinneture of Drive in all facility (1991)
						Signature of Principal (with stamp)