Serial No:



Other\_

# **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

Γ

Please Paste photograph here attested from

front side (3X3

cm) with blue

Background

NOT	F	•
1001	-	ł

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.
Discos fill in the form with block ink only in CADITAL letters and evoid contact with the orders of the

- 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.
- Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes "
  - answer is to be ticked or crossed.  $\checkmark$  or  $\checkmark$

#### At University of Health Sciences, Lahore

Fath	er's N	lame	(first,	, mid	dle, l	ast)																		
Арр	licant	's CN	IC																					
Nam	ne of ir	nstitu	tion	or or	gani	zatio	n whe	ere yo	ou ar	e cui	rrentl	y em	ploye	d	1	1								
	tment al Ado														Nat	iona	lity			 				
•															Nat	iona	lity			 				
Post		dress	(me	ntion	all re	elevar	nt info						c.)				lity			 				
Post	al Ado	dress	(me	ntion	all re	elevar	nt info						c.)						······	 ······	······		·····	·····
Post	al Ado	dress ephor	(mei 	ntion	all re	elevar	nt info						c.)					·····		 		······	·····	·····

	Job Experience:
	(The applicant MUST have at least 1 year of teaching experience in a Medical College/ Institution as a Demonstrator
	/ Senior Demonstrator/Senior Registrar/ Assistant Professor and above.)
	i)
	ii)
	iii)
1	Documents to be attached I have attached attested copies of the following documents with this form (tick appropriate box)
[	Degree of MBBS/BDS House Job Certificate Current Teaching Position
[	01 Photographs size (3×3 cm) paste at given place NOC from Employer CNIC Copy
[	03 Photograph size (3x3 cm) (attested from back side) attach with admission forms.
	CERTIFICATE BY THE APPLICANT

## 12

1

I hereby solemnly declare that: (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for this course without being eligible for it is a crime punishable under the act of law, and in such case, the University has every right to cancel my application. (4) If selected, I will be responsible to submit the require course fee of **Rs. 40,000/-** prior to the start of course.

Date:

Signature of the Applicant

## 13

## CERTIFICATE BY THE PRINCIPAL

- 1.
   It is certified that Dr. \_\_\_\_\_\_has \_\_\_\_\_year of teaching experience as Lecturer / Demonstrator / Senior Registrar / Assistant Professor / Associate Professor / Professor.
- 2. The above mentioned doctor will be allowed to attend the teaching sessions at University of Health Sciences, Lahore for the duration of the course that shall not exceed ten working days.

Dated: \_\_\_\_\_

Signature of Principal (with stamp)