UNIVERSITY OF HEALTH SCIENCES LAHORE ***(for office use only)***
KHAYABAN-E-JAMIA PUNJAB LAHORE
Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870 Form No:-_____

APPLICATION FORM FOR MD (MEDICINE & ALLIED) ENTRANCE TEST JANUARY 2017 INTAKE

Please affix 4 attested from backside. (4x4)

PMDC Number:- ---------- Dated:----------

CNIC Number:-_____

Applicant's Personal Information

Full Name (First, Middle, Last)

Father's Name (First, Middle, Last)

Date of Birth (DD/MM/YYYY) **4.** **Age** **5.** **Gender**

Address

Contact no. **8.** **E-mail Address** **9.** **Domicile**

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

Check List:

- ☐ I have filled all the relevant columns.
- ☐ Enclosed attested / certified copies of academic transcripts (including certified *translation if applicable*)
- ☐ Attested copy of MBBS Degree/Equivalent Qualification Certificate with one year House job
- ☐ Attested copy of CNIC
- ☐ Attested copy of PMDC Registration Certificate
- ☐ Attested copy of Domicile of Punjab
- ☐ Enclosed three attested copies of recent photographs.

Applicant's signature