



UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE

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(for office use only)

Form No:- _____

APPLICATION FORM FOR PUNJAB RESIDENCY PROGRAM (LEVEL – III) TRAINING

PMDC Number:-

Dated:.....

CNIC Number:- _____

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

Applicant’s Personal Information

Full Name (First, Middle, Last)

Please fill all information in CAPITAL Letter

1.	[Grid for Full Name]																													
	[Input field for Full Name]																													

Father’s Name (First, Middle, Last)

2.	[Grid for Father's Name]																													
	[Input field for Father's Name]																													

Date of Birth (DD/MM/YYYY)

Age

Gender

3.	[Grid for Date of Birth]									4.	[Grid for Age]				5.	[Grid for Gender]						
	[Input field for Date of Birth]										[Input field for Age]					[Input field for Gender]						

Address

6.	[Grid for Address]																													
	[Input field for Address]																													

Contact no.

E-mail Address

Domicile

7.	[Grid for Contact no.]										8.	[Grid for E-mail Address]																				9.	[Grid for Domicile]				
	[Input field for Contact no.]											[Input field for E-mail Address]																					[Input field for Domicile]				

Current enrolment in Level-III Program

Specialty	Name of Institution	Joining Date	RTMC No.

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

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

- 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