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:**

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**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

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Please Paste

photograph here

attested from

front side (3X3

cm) with blue

background

neatly as possible.

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Admission form s hall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete

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.

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**1**

**Admission form for Post Graduate Certificate in Medical Teaching**

**Full Name** (first, middle, last)

**2**

**3**

**Father’s Name** (first, middle, last)

**Applicant’s NIC**

**4**

**Name of Institution**

**5**

**6**

**Passing Final Prof. MBBS/BDS**

Annual

Supplementary

**7**

**8**

**Nationality** ………………………… ……… ……… …………………………….

**M ailing Address** (mention all relevant inf ormation like post c ode etc.)

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**9**

**Mobile/ Telephone Number** (with city c ode)

**E-mail / Fax #**

Page 1



**10**

**Current Job Status:**

(T he applicant **M US T** have at least 3 years of teach ing exper ience i n a Medical Colle ge/I institution f or as a De mon strator /

Senior Demonstrator/Senior Registrar or Assist ant Professor.

i)

ii)

iii)

iv)

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**11**

**Documents to be attached**

I have attached attested copies of thefollowing documents with this form (tick appropriate box)

Degree of MBBS/BDS

House Job Certificate

Current Teaching Position

03 photographs size (3×3 cm) paste at given place and

01 photograph size (3×3 cm) (attested from back side) attach with admission Forms.

**CERTIFICATE BY THE APPLICANT**

**12**

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 material 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 with**F**out being eligible for it is a crime punishable under the act of law, and in such case, the

university has every right to**C**cancel my application. (4) If selected, I will be responsible to submit the require course fee of

Rs. 25,000/- prior to the start of course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

**T**

**C**

**Signature of the applicant**

**13**

1.

2.

**CERTIFICATE BY THE PRINCIPAL**

It is certified that Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has\_\_\_\_\_ years of teaching experience as Demonstrator/Senior

Registrar/Assistant Professor.

The above mentioned doctor will be allowed to attend the teaching sessions at University of Health Sciences for the duration

of the course that shall not exceed ten working days.

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**Dated:**

**Signature of Principal (with stamp)**

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