



UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE

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(for office use only)

Form No:- _____

APPLICATION FORM FOR MS ANESTHESIA ENTRANCE TEST
JANUARY 2017 INTAKE

PMDC Number:- _____

Dated:- _____

CNIC Number:- _____

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

Applicant's Personal Information

1. Full Name (First, Middle, Last)

2. Father's Name (First, Middle, Last)

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

6. Address

7. 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 copies of MBBS / Equivalent Qualification Certificate
- CNIC
- PMDC Registration Certificate
- Domicile
- Enclosed three attested copies of recent photographs.
- House Job Certificate (Minimum 1 year)

Applicant's signature