Serial No.------ Roll No: ------



Faisalabad Medical University, Faisalabad

Department of Examinations

Sargodha Road, Faisalabad Phone No. 041-9210068

EXAMINATION ADMISSION FORM FOR MD/MS PROGRAMS

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- The name/spelling of the candidate and his/her father's 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 Degree issued to you by the University.
- 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.

Please affix
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attestation from front
(3X3 cm) with blue
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10	Fee Paid Rs: HBL PMC Br. Faisalabad: A/C # 14667992110603
	Bank Receipt No: Date: Date: Date:
	NOTE: Attach original Bank Receipt with this form
11	Documents to be attached: I have attached attested copies of the following documents with this form (tick appropriate box)
	Degree of MBBS 1st Year Internal Assessment Log Book Portfolio Workshop Certificate ERC Approval Letter
	Eligibility Letter from Supervisor Rotation Letter
	DMC/Notification of previous result (for exit level assessment (ELA) and repeater of mid-term assessment (MTA))
	01 photograph size (3x3 cm) attested from front side paste at given place and 03 photographs size (3x3 cm) (attested from back side) attach with admission form.
	A certificate by the Dean Post Graduate studies/Principal/Head of the Institution that the candidate has attended
	at least 75% of the Lectures, Seminars, Practical / Clinical demonstrations
	Degree of FCPS/MRCS/Diplomat/Equivalent Qualification in Internal Medicine (if any)
	(For the candidates who are eligible to appear in Exit Level Assessment (ELA) Examination)
12	CERTIFICATE BY THE APPLICANT 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 examination 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 result.
	Date: Signature of the applicant
	CERTIFICATE BY THE DEAN
13	I certify that the candidate is eligible in all respects as per Rules & Regulation of PMDC & Faisalabad Medical University, Faisalabad to appear in this examination.
	Dated
	Signature of Principal/Dean (With official stamp/Seal)