

Serial No: _____

Roll No: _____



FAISALABAD MEDICAL UNIVERSITY, FAISLABAD

Sargodha Rd, Faisalabad, Punjab Phone No 041-9210068

EXAMINATION ADMISSION FORM FOR POST GRADUATE MEDICAL DIPLOMA DISCILIPNES

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.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
- Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form 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 ticked or crossed. Or

Please Paste photograph here attested from front side (3X3 cm) with blue background

1 Admission form for Post Graduate Medical Diploma in: _____ Part-I / Part-II

APPLICANT'S PERSONAL INFORMATION

2 Full Name (first, middle, last)

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3 Father's Name (first, middle, last)

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4 Applicant's NIC/Passport

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5 Name of Institution

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6 Registration Number

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7 Passing Final Prof. MBBS Annual Supplementary Held in-----Year----- Under Roll No.-----

8 Passing Diploma Part-I Annual Supplementary Held in-----Year----- Under Roll No.-----
(Only for diploma part-II candidate)

9 Nationality.....

10 Mailing Address (Mention all relevant information like post code etc.)
.....
.....

11 Mobile/Telephone number (with city code)	E-mail/Fax#

12

Appearing as Fresh / Repeater (tick whichever is applicable)

If Repeater, Number of attempts already made (excluding this attempt):

Previous appearances:

First Attempt	:	Annual / Supplementary 20	Roll No
Second Attempt	:	Annual / Supplementary 20	Roll No
Third Attempt	:	Annual / Supplementary 20	Roll No
Fourth Attempt	:	Annual / Supplementary 20	Roll No
Fifth Attempt	:	Annual / Supplementary 20.....	Roll No

13

Subjects in which to be examined:

- | | |
|------------|-------------|
| i) | v) |
| ii) | vi) |
| iii) | vii) |
| iv) | viii) |

Documents to be attached

14

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

- Degree of MBBS House job certificate Eligibility/Fitness certificate by the supervisor/HOD to appear in examinations
- DMC/Notification of result of previous Examination (for Repeater/Part-II candidates only)
- 03 photographs **size (3x3 cm)** (Attested from back side) attach with admission Form
01 photograph **size (3x3 cm)**. (Paste at given place)
- Receipt of Fee Voucher *Note: Attach original Bank Receipt with this form*

15

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

16

CERTIFICATE BY THE DEAN POST GRADUATE STUDIES

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 Dean Post graduate Studies (with stamp)