

CHECKLIST

Form No: _____

Admission No: _____

Name of Candidate: _____

S/O, D/O: _____

Diploma Course Applied For: _____ CNIC No. _____

Session: 2024-2025 Submission Date: _____

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

The Candidate Must Tick The Documents Which Are Attached with the Application:

1. Attested copy of Matriculation & FSc / BSc Certificates.
2. Attested copy of M.B.B.S Certificate / Degree.
3. Certificate from the Principal of the College Stating the number of attempts and marks obtained in Each Professional examination of M.B.B.S (Attempt Certificate).
4. House job Certificates with exact dates as Claimed in Admission Form from the Concerned Medical Superintendent of concerned Hospital.
5. Service certificates (Relevant Exp. Certificates as M.O / Registrar) as claimed in Admission Form from the Medical Superintendent of Concerned Hospital.
6. Rural area service certificates as claimed in Admission form with exact dates and places where you served from the concerned Director Health services / EDO (Health).
7. Valid registration of PM&DC / PMC certificates.
8. CNIC, Domicile Certificate & Three Passport size photographs duly attested.
9. An Affidavit on Judicial paper that the copies of the certificates attached with your application form are genuine and you will be responsible for any discrepancies arisen out later on.
10. All the documents / certificates should have official stamp, date and Dispatch No. of concerned Office/College/ University or Hospital.
11. Applicants who are employed in government service must submit their applications through the appropriate channels. Successful candidates in regular positions should obtain study leave or extraordinary leave (EOL), while those on an ad-hoc or contract basis are required to resign before the start of classes.
12. **Additional requirement for Aesthetic Medicine only:**
Copy of Post-graduation Qualification (FCPS (Derma), FCPS (Plastic Surgery), MD (Derma), MS (Plastic Surgery), MCPS (Derma) & DIP (Derma) recognized and endorsed by PM&DC).

 Signature of candidate

 Received by

FAISALABAD MEDICAL UNIVERSITY

FAISALABAD



APPLICATION FORM

Paste Passport size photograph
and then get it attested

For _____ (Course)

FOR THE SESSION: 2024-25

1. Name in Full
(CAPITAL LETTER) _____
 2. Father's Name _____
 3. Date of Birth _____
 4. District of Domicile _____
 5. Present address with
Telephone Number

 6. Permanent address

- Ph. No. _____
Mobile No. _____

7. Particulars of Qualification

TITLE OF QUALIFICATION	DATE OF PASSING	MARKS / DIVISION	NO. OF ATTEMPTS	BOARD / UNIVERSITY FROM WHERE QUALIFIED
Matric				
F.Sc				
B.Sc				
Ist Prof.	Part-I			
	Part-II			
II Prof.				
IIIrd Prof.				
Final Prof.				
Postgraduate				
Diploma				
Degree				

TITLE OF QUALIFICATION	DATE OF PASSING	MARKS / DIVISION	NO. OF ATTEMPTS	BOARD / UNIVERSITY FROM WHERE QUALIFIED
Matric				
F.Sc				
B.Sc				
Ist Prof.	Part-I			
	Part-II			
II Prof.				
IIIrd Prof.				
Final Prof.				
Postgraduate				
Diploma				
Degree				

8. Detail of any distinction _____
Honour of Medals _____
9. Give particular of any publications/ _____
Research work with details. _____

10. Details of Government Service:
- a. Selected by Public service commission _____
Place and date of 1st joining _____
Attach photocopy of Appointment letter _____
- b. Ad-hoc appointment _____
Place and date of posting _____
- c. Contract appointment _____
Place and date of posting _____

11. Particulars of Experience

	Specialty	From	To	Hospital
a. House Job	1			
	2			
	3			
	4			

	Specialty	From	To	Hospital
b. Registrar /MO/RMO	1			
	2			
	3			
	4			

c. Any other experience: _____

12. Whether Subjected to any disciplinary action or not during training and service? _____

13. Give names & addresses of two referees (person of repute in Medical profession)

i: _____

ii: _____

N.B: a) Incomplete application will not be considered for admission.

b) Duly attested documents must accompany the application form.

DECLARATION

I hereby declare that the above particulars are correct in every respect to the best of my knowledge and I have not concealed anything. I also agree to appear for interview for the selection in above said course at Faisalabad Medical University, Faisalabad. I also agree that after attending the course for three months, if I do not show satisfactory progress my admission in the course may be canceled.

Dated: _____

Signature of the candidate: _____



**Faisalabad Medical University
Faisalabad
University Copy**

Branch Code: _____ Date: _____

Branch Name: _____

Diploma Courses Admission Fee 2024-25



A/C Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad

Note: Desire Bank stamp is required on the deposit slip & submit original deposit slip (University Copy) along with documents to University Office.

Program Name:		
Applicant's Name:		
Father Name:		
CNIC No:		
Admission Fee:	3,000/-	
Total payable Fee:	3,000/-	
Applicant Signature	Cashier	Officer



**Faisalabad Medical University
Faisalabad
Applicant Copy**

Branch Code: _____ Date: _____

Branch Name: _____

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**Faisalabad Medical University
Faisalabad
Bank Copy**

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