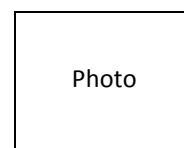


FAISALABAD MEDICAL UNIVERSITY FAISALABAD
APPLICATION FORM

Post applied Post _____

Applicant 's Name: _ _____

Father 's Name: _____



Postal address: _____

Gender: _____ Domicile _____

CNIC: _____ DOB: _____

Mobile Number: _____

Landline Number: _____ E-Mail: _____

Academic Qualification:

Certificate/ degree	Board / university	Major subjects	Result declared on	Obtained marks	Total marks	%age
Matric						
F.Sc(Pre-medical)						
BSc.						

Applicant Signature's