

KING EDWARD MEDICAL UNIVERSITY LAHORE. Nilagumbad, Anarkali, Lahore, Pakistan.

Ph.No. 042-99211145-50.

		133101		JRI	<u>Л (SE</u>	<u>SSIC</u>	<u> </u>)	
	or Office		-									
Sr. No: Reg. N	10:				H	osp/	Inst	:				
Basic Science		Clinica	al Sc	ienc	ces							
Please tick any one							Pl	ease	affix	3		
Instructions								hotog				
 Use CAPITAL letters and write your details exacting incomplete application form will not be accepted. Cutting / over writing / tampering is not allowe Candidates found to have made false or incorrestatements in the form are liable to be expelled. 	ed / enterta d. ect	ined.	your	docu	ments.			teste cksid				
Proposed Programme of Study												
Proposed Department												
Field Research interest												
Research topic (if know)												
Preferred Supervisor (if know)												
Applicant's Personal Information												
1. Full Name (First, Middle, Last)			1 1				T					
2. Father's Name (First, Middle, Last)												
3. Marital Status	4. CNIC	No.										
Single Married				-							-	
5.Date of Birth (DD/MM/YYYY) 	6. Gend	er			(i). Ma	ale		(ii).	Fen	nale		

7. Address:

(i). Present	
(ii). Permanent.	
8. Domicile	
9. Mobile Number	10. Landline Number
11. E-Mail Address (Compulsory)	

Educational Information

Degree	Subject	Institute/ Board/ University	Passing Year	Obtained Marks	Total Marks	No. of Attempts	Grade/Division With Percentage
MATRIC/ O-LEVEL							
INTERMEDIATE /A-LEVEL							
MBBS/BDS OR EQUIVALENT							
M.PHIL/MS/M D/MDS/FCPS OR EQUIVALENT							

Medals/Distinctions/ Achievements (if any please specify)

Working Experience

Job Title	Name of Organization	Full/Part-Time	From	То
Current Status a		o (Driveto)		

Current Status of service (Public/Private)

Brief sketch of research work done, so far, if any, including title of the project, name of supervisor and institution. Use additional pages if required. The statements should not exceed 500 words.

Fee Details

Amount Rs:	Bank Challan No. /Pay Order No.:
Date:	Branch:

Reference

This section must be completed by your present or past teacher, employer or person who knows you well, academically and socially.

How long have you known the applicant and in what capacity?

What is your opinion about the Applicant's suitability for the course chosen?

Please tick appropriately Tick one per row	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual/Academic ability						
Intellectual Academic ability						
Ability to work hard						
Perseverance						
Leadership						
Creativity						
Concern for other						
]					
Any other information what y	vou feel is releva	nt				
						J

Referee's Name	Signature
Designation	
Phone/Cell No	
Address	
	Stamp
	Date

NOTE: As many potential candidates apply, therefore, selection is extremely difficult and your comments will provide us important information in assessing the suitability of the applicant.

Declaration and Signature

I solemnly declare that:

- I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at King Edward Medical University, Lahore.
- I am not suffering from any infectious disease.
- I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
- I have read and understood the University's admission / training cancellation and refund policy.
- I understand that the University may obtain official record from any educational institution which I have previously attended.

I, undertake to:

A) Abide by the Statutes, Rules & Regulations etc. framed by the University / Department / Institution/Centre/College, from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.

B) I accept as a condition of my admission the authority of the University that a student can be required to withdraw his/her name from the rolls, if in the opinion of the Vice-Chancellor/ Director/Chairman/Principal of the Department/Centre/College, his/her stay is not conducive to the welfare, either of himself/herself or others in the Department/Institute/Centre/College. If I fail to withdraw my name immediately after being directed to do so, I may be struck off the rolls of the University Department/Institute/Centre/College without any further notice to me.

C) Not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission, I shall be liable to be expelled from the University by the Competent Authority/Vice Chancellor, without any notice which shall be final and can be questioned only before the Supreme Court of Pakistan with reference to the judgment/order of the Supreme Court of Pakistan, dated 1st July, 1992.

D) I accept as binding on me as long as I am a student, all Rules and Regulations of the University enforced at the time of joining and which might be framed subsequently.

E) Show good behavior;

F) Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;

G) Pay in time all dues and fine, if any;

H) I will notify the new address to Assistant Registrar, DPCC, if there is any change in my contact Address/phone number, provided with this admission form.

I) To take examination unconditionally, notified by the University/Department/ Institute/ Centre/College.

J) I have read the relevant Rules and Regulations for admission before signing this application.

k) Any change in Rules & Regulations about any Program along with any change in fee would be applicable to all students and there would be no discretion available to any student to tag it with old or new scheme.

I) At a time, two Training Programs of the University or CPSP of the same or different Specialties are not permissible.

Signatu	ro of	Applicant	
Date:		Applicant	

<u>Check List</u>

Answered all relevant fields.

- Matriculation
- Intermediate
- Equivalence of O & A levels from IBCC.
- DMCs & Degree of all MBBS/BDS professional examinations.
- Attempt Certificate of MBBS/BDS
- House Job Certificate (One Year)
- DMCs and Degrees of M.Phil/MD/MS/MDS/FCPS or Equivalent.
- CNIC
- Domicile certificate.
- Three Passport size Photographs in blue background.
- Valid PM&DC Registration (Where Applicable)
- Copy of detailed Resume.
- Copy of publications (Where applicable).
- Pay Order / Bank Challan receipt (attached in original).
- Enclosed a No Objection Certificate (NOC) from current employer.
- Enclosed all Experience Certificates.

Evaluation of Record

OFFICE USE ONLY

Academic Qualification

Matric + Inter		
1 st Professional		Admitted Yes No
2 nd Professional		
3 rd Professional		
Final Professional		
House Job		
Experience	Í	Director/Chairman/Chairperson
Written Test		
Interview		
Publications		CHAIRMAN DPCC
GRE/NTS GAT Subject Based (whichever Applicable/Available)		

Remarks:

Name Father's Name Address	Name
Mob. No	Mob. No
Name Father's Name Address	Name Father's Name Address
Mob. No	 Mob. No Land line No
Name Father's Name Address	Name Father's Name Address
Mob. No	 Mob. No

(Entry Test Centre)

King Edward Medical University Patiala Block, Lahore

ORIGINAL
For Office Use

ADMIT CARD University Based Subject Test

PROGRAM ______ SPECIALTY _____

Venue:		
Dated:	Time:	Paste Recent Photograph
Name: Mr./Miss/Mrs.: Father's Name:		(ID card size)
CNIC /Passport No:		
NOTE : Bring original CNIC/ Bring your own statio	PASSPORT. nary; exchange of stationary is strictly prohibited. h in the examination hall at least 30 minutes before	er OF Examinations
	ndidate	
Session DUPLICATE For Candidate PROGRAM Venue:	King	r Test Centre) Edward Medical University ala Block, Lahore
Dated:	Time:	Paste Recent
Name: Mr. /Miss/Mrs.: Father's Name:		 Photograph (ID card size)
CNIC /Passport No:		
 Candidate must reac the start of examination 	PASSPORT. nary; exchange of stationary is strictly prohibited. h in the examination hall at least 30 minutes before	er OF Examinations