



UNIVERSITY OF HEALTH SCIENCES Lahore

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99230395 (6 lines), EXT 321

ADMISSION FORM FOR DOCTOR IN MEDICINE PROGRAM (REVISED SCHEME)

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- **The name/spelling of the candidate and his/her father 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 affix
photograph here
attestation from front
(3X3 cm) with blue
background

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Admission form for Doctor in Medicine (MD): -----

APPLICANT'S PERSONAL INFORMATION

2

Full Name (first, middle, last)

[illegible]

3

Father's Name (first, middle, last)

[illegible]

4

Applicant's NIC

[illegible]

5

Name of Institution

[illegible]

6

Registration Number

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7

Nationality:

8

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

9

Mobile/Telephone Number (with city code)

E-mail / Fax #

10

Subjects in which to be examined:☐ Part-I☐ Part-II☐ Part-III

11

Fee Paid Rs:

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Mode of Payment ☐ Draft☐ Bank Receipt

Draft/Bank Receipt No: _____

Date:

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(DD / MM / YYYY)

NOTE: Attach original Bank Draft/Bank Receipt with this form

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Documents to be attached:

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

☐ Degree of MBBS☐ DMC/Notification of previous result (for candidates of Part II, Part III and repeater of Part I)
☐ 03 photographs **size (3x3 cm)** attested from front side paste at given place and
 01 photograph **size (3x3 cm)** (attested from back side) attach with admission form.

☐ A certificate by the Principal/Head of the Institution that the candidate has attended at least 75% of the Lectures,
 Seminars, Practical / Clinical demonstrations

☐ Original Log Book complete in all respect and duly signed by the Supervisor (for Oral & practical/clinical Examination
 For the candidates who are eligible to appear in Part III Examinations only)

☐ Degree of FCPS/MRCS/Diplomat/Equivalent Qualification in Internal Medicine (if any)
 (For the candidates who are eligible to appear in Part III Examination)
Note:

A candidate holding FCPS/MRCS/Diplomat/equivalent qualification in Internal Medicine shall be exempted from Part-I & Part-II Examinations and shall be directly admitted to Part-III Examinations, subject to fulfillment of requirements for the examination (Except MD Internal Medicine).

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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

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CERTIFICATE BY THE DEAN

I certify that the candidate is eligible in all respects as per Rules & Regulation of PMDC & University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal/Dean
(With official stamp/Seal)



**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____

(Office use only)

Roll NO SLIP

(FOR SUPERINTENDENT)

Examination: _____

Name: _____

Father's Name: _____

Name of Institution: _____

Subjects in which to be examined: _____

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

Controller of Examinations

Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

Signature of the Candidate

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**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____

(Office use only)

ROLL NO SLIP

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: _____

Name: _____

Father's Name: _____

Name of Institution: _____

Subjects in which to be examined: _____

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

Controller of Examinations

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Signature of the Candidate