# (PHOTOCOPY OF THIS FORM IS NOT VALID) CHECKLIST

Name of Candidate:		S/O, D/O:	S/O, D/O:				
Diploma Course Applied For:			_Session:	2021-23			
Sr. No:	Diary No:	Dated:					

### **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 / Register ) 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 P.M.D.C / PMC certificates.
- 8. Domicile Certificate & Four Passport size photographs duly attested.
- 9. An Affidavit on Judicial paper (Rs. 100) 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. For <u>Government Servants</u>. Advance copy should be duly signed and counter Signed by the Head of Department and Head of Institution with Stamps.

Signature of candidate

Received by

Dated

# FAISALABAD MEDICAL UNIVERSITY **FAISALABAD**



Paste Passport size photograph and then get it attested

				FM	U			
Sr. #:	ADMISSION FORM							
For	r		Π	DMISSIO			(Course)	
1 01	L			CECCION	. 2021.20	02	(000150)	
			FOR THE	E SESSION	: 2021-20	23		
1.		in Full ITAL LET	ΓER)					
2.	Father	's Name						
3.	Date of	of Birth						
4.	Distric	et of Domic	vile					
5.	Preser	nt address v	vith					
	Telepl	hone Numb	er					
6.	Perma	nent addre	22					
0.	i erina	inent addre.	35					
					Ph No	Mo	bile No	
7.	Partic	ulars of Qu	alification					
	TITLE OF QUALIFIC		DATE OF PASSING	MARKS / DIVISION	NO. OF ATTEMPTS		RD / UNIVERSITY WHERE QUALIFIED	1
Ν	Aatric							٦
F	F.Sc							
E	B.Sc							
Ist	st Prof.	Part-I						
	st F101.	Part-II						
Ι	I Prof.							
Ι	IIIrd Prof.							
F	Final Prof	•						
F	Postgraduate							

Diploma Degree

8.	Detail	of any distinction
	Honou	ur of Medals
9.	Give	particular of any publications/
	Resea	rch work with details.
10.	Detail	s of Government Service:
	a.	Selected by Public service commission
		Place and date of 1 <sup>st</sup> joining
		Attach photocopy of Appointment letter
	b.	Ad-hoc appointment
		Place and date of posting
	c.	Contract appointment
		Place and date of posting

11.	<b>11.</b> Particulars of Experience		Specialty	From	То	Hospital	
			1				
	a.	House Job	2				
			3				
			4				

		Specialty	From	То	Hospital
<b>b.</b> Registrar /MO/RMO	1				
	2				
	3				
	4				

c. Any other experience:

12.		Subjected to any disciplinary r not during training and service?	
13.	Give nat	mes & 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:\_\_\_\_\_