

(PHOTOCOPY OF THIS FORM IS NOT VALID)
CHECKLIST

Name of Candidate: _____ S/O, D/O: _____

Course Applied For: _____ **DOMS 2011-12** _____

Sr.No: _____ Diary No: _____ Dated: _____

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

Eligibility criteria for the admission in DOMS course for the session 2011-12

Preference No 1

- a. 6 Months Medicine and Allied as House officer / Medical Officer from recognized institution
- b. 6 Months Surgery and Allied as House officer / Medical Officer from recognized institution
- c. 6 Months Ophthalmology as House officer / Medical officer from recognized institution

Preference No 2

- a. One year experience in Ophthalmology as House officer / Medical officer from a recognized institution.
or
Six months experience in Ophthalmology and Six months in General Medicine or surgery as House officer / Medical officer.

The Candidate Must Tick The Documents Which Are Attached By Him

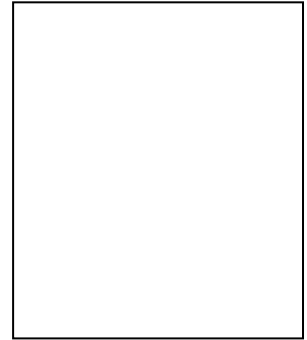
1. Attested copy of Matriculation & Fsc / Bsc Certificates.
2. Attested copy of M.B.B.S Certificate / Degree.
3. Certificate from the Principal of the College Stating the number of attempts and marks obtained in Each Professional examination of M.B.B.S (Attempt Certificate).
4. House job Certificates with exact dates as Claimed in Admission Form from the Concerned Medical Superintendent as well as Professor / Head of the Department of concerned Hospital. (Both Are Necessary).
5. Service certificates (Relevant Exp. Certificates as M.O / Register) As claimed in Admission Form from the Medical Superintendent as well as Professor / Head of the department of Concerned Hospital (Both are necessary).
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 certificates. Domicile & Four Passport size photographs duly attested.
8. 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.
9. All the documents / certificates should have official stamp, Dispatch No date of concerned Office/College/ University or Hospital.
10. Government Servants Advance copy should be duly signed and counter Signed by the Head of Department and Head of Institution with Stamps.

Received by

Signature of candidate

Checked By

PUNJAB MEDICAL COLLEGE FAISALABAD



ADMISSION FORM DIPLOMA IN OPHTHALMIC MEDICINE & SURGERY (DOMS)

FOR THE SESSION: 2011-2012

1. Name in Full
(BLOCK LETTER) _____
2. Father's Name _____
3. Date of Birth _____
4. Marital Status _____
5. District of Domicile _____
6. Present address in Faisalabad with
Telephone Number (if any) _____

7. Permanent address Telephone Number
Mobile No. _____

8. Emergency Address _____
9. Qualification
a. Medical _____

- b. Non Medical _____

- c. Postgraduate qualification if any _____

- d.** Give particular of any publications/ _____
 Research work with details & give _____
 Details of previous admission in this _____
 Course in any institution _____

10. Selected in Government Service:

- a.** Selected by Public service commission _____
 Place and date of posting after selection _____
 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 Qualification

TITLE OF QUALIFICATION	DATE OF PASSING	MARKS / DIVISION	NO. OF ATTEMPTS	COLLEGE & UNIVERSITY FROM WHERE QUALIFIED
------------------------	-----------------	------------------	-----------------	---

F.Sc				
B.Sc				
Ist Prof.				
II Prof.				
IIIrd Prof.				
Final Prof.				
Postgraduate				
Diploma /				
Degree				

- 12. Detail of any distinction** _____
 Honour of Medals _____

13. Particulars of Experience

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

Particulars of Experience	Specialty	From	To	Place
	1	2	3	4
b. Registrar /MO/RMO				

c. Other experience
If any

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

15. Whether Suffering from any ill-health or Not (produce medical certificate)? _____

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

17. Previous Deputations / Academic Period availed for PMC courses?

a. Dates: From: _____ To _____
From: _____ To _____
From: _____ To _____

b. Course availed for 1) _____
2) _____
3) _____

- N.B:** a) Incomplete application will not be considered for admission
b) Duly attested documentary proof of all statements made must accompany the application form
c) Use one form for each discipline.

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 Punjab Medical College, Faisalabad. I also agree that after attending the course for three months if I do not show satisfactory progress I may be taken off the further course.

Dated: _____

Signature of the candidate: _____