

APPLICATION FORM FOR ADMISSION INTO MD PROGRAMS SESSION OCTOBER 2015
KING EDWARD MEDICAL UNIVERSITY, LAHORE.

SPECIALTY		CHOICE OF SPECIALITY IN ORDER OF PREFERENCE i.e 1 ST , 2 ND , 3 RD , AND SO ON.	SPECIALTY		CHOICE OF SPECIALITY IN ORDER OF PREFERENCE i.e 1 ST , 2 ND , 3 RD , AND SO ON.
1.	Cardiology		6.	Neurology	
2.	Community Medicine & Public Health		7.	Paediatrics	
3.	Dermatology		8.	Psychiatry	
4.	Gastroenterology		9.	Pulmonology	
5.	General Medicine		10.	Radiology	

THE ALLOCATION OF SEATS WILL BE ON MERIT AND FIRST COME FIRST SERVE BASIS.

1. Name of Applicant: _____

2. Father's Name: _____

3. Date of Birth: _____ 4. Domicile _____

5. CNIC No.: _____ 6. Gender _____

7. Present Address : _____

City _____

Tel: _____ Mob: _____ Email: _____

8. Permanent Address : _____

City _____

Tel: _____ Mob: _____ Email: _____

9. CONTACT NUMBER OF CLOSE RELATIVE/NEXT OF KIN (Tel/Mob) _____

10. FOR OVERSEAS APPLICANTS ONLY

Permanent Address: _____

Country of Origin _____ Passport No & Expiry Date _____

Nationality: _____ Tel: _____

Cell: _____ E-Mail _____

11. MBBS / Equivalent Degree recognized by PMDC:

Year Obtained _____ Institution Where Studied _____

Degree Awarding University _____

(Please enclose a certified copy of degree)

12. PM&DC Registration Certificate:

Registration No. _____ Date of Expiry: _____

(Please enclose a certified copy of **valid** certificate of Registration)

Please affix 3
Photographs attested
from backside. (4x4)

13. Employment:

Note : The Applicant who are Government Employee fill the following information and attached the relivent documents.

Name of Institution/Hospital	Designation/Position hold	If MO/WMO Status	Period
		Regular <input type="checkbox"/>	From. _____ to _____
		Adhoc <input type="checkbox"/>	From . _____ to _____
		Deputation <input type="checkbox"/>	From. _____ to _____
		EOL <input type="checkbox"/>	From. _____ to _____
		(Check Any One)	

14. 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 cancellation and refund policy.

I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake to:

A) Abide by the Statutes, regulations (including the Code of Honor of Students, of University Calendar 2007 * Vol. 1) and rules etc. framed by the University of the Department / Institute/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 name from the rolls, if in the opinion of the Vice-Chancellor /Director/Chairman/Principal of the Department/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre /College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the 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 by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.

D) I accept as binding on me as long as I am a student, all rules and regulations in force 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.

I) I undertake to take examination unconditionally notified by the University/Department/ Institute/Centre/College.

J) I have read the relevant rules and regulations concerning admission before signing this application.

k) Any change in Rules & Regulation of the 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 old or new scheme.

15. DOCUMENTS TO BE ATTACHED (ATTESTED PHOTOCOPIES)

1. Three Photographs Passport Size
2. Matric Certificate
3. F.Sc Certificate
4. MBBS Degree and All DMCs
5. Result Cards (All Professionals)
6. Attempt Certificate for all Professionals
7. PM&DC (Valid Date)
8. One year House Job Certificate.
9. CNIC
10. Domicile Certificate
11. Bank Receipts Rs: 2500/- (Original)
12. In case of O level/A level /Others, Equulance certificate will be required.

NOTE: Incomplete form and form received after due date will not be entertained.

At a time Two Training Programs of the University or CPSP of the same or different Specialties are not permissible.

Signature of the applicant and Date: _____

PLEASE NOTE: STUDENT MUST FILL FOLLOWING ADDRESS BARS

Name _____

Father Name _____

Address _____

Mob. No. _____

Landline No. _____

Name _____

Father Name _____

Address _____

Mob. No. _____

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Name _____

Father Name _____

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2.	Cardiac Surgery		9.	Otorhinolaryngology			
3.	General Surgery		10.	Paediatric Surgery			
4.	Neurosurgery		11.	Plastic Surgery			
5.	Obstetrics & Gynaecology		12.	Thoracic Surgery			
6.	Ophthalmology		13.	Urology			
7.	Orthopaedic Surgery						

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