



7. Address:

(i). Present


(ii). Permanent.


8. Domicile

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9. Mobile Number

10. Landline Number

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11. E-Mail Address (Compulsory)

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**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/MD /MDS/FCPS OR EQUIVALENT							

**Medals/Distinctions/ Achievements (if any please specify)**

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**Working Experience**

Job Title	Name of Organization	Full/Part-Time	From	To

**Current Status of service (Public/Private)**

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Have you ever joined any Department/Institute/Centre previously? If yes, give details:

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to work hard

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Perseverance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Leadership

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Creativity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Concern for other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Any other information what you feel is relevant

Referee's Name

Designation

Phone/Cell No.

\_\_\_\_\_

Address

Signature

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 1<sup>st</sup> 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.

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

Signature of Applicant

Date:     /     /

## Check List

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.

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### OFFICE USE ONLY

#### Evaluation of Record

##### Academic Qualification

Matric + Inter	
1 <sup>st</sup> Professional	
2 <sup>nd</sup> Professional	
3 <sup>rd</sup> Professional	
Final Professional	
House Job	
Experience	
Written Test	
Interview	
Publications	
GRE/NTS GAT Subject Based (whichever Applicable/Available)	

Admitted  Yes  No

Director/Chairman/Chairperson

**CHAIRMAN DPCC**

Remarks:

### Address Bars for correspondence with KEMU

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mob. No. \_\_\_\_\_

Land line No. \_\_\_\_\_

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mob. No. \_\_\_\_\_

Land line No. \_\_\_\_\_

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

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\_\_\_\_\_

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Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mob. No. \_\_\_\_\_

Land line No. \_\_\_\_\_

Session \_\_\_\_\_

(Entry Test Centre)

**ORIGINAL**  
For Office Use

King Edward Medical University  
Patiala Block, Lahore

**ADMIT CARD**  
**University Based Subject Test**

**PROGRAM \_\_\_\_\_ SPECIALTY \_\_\_\_\_**

Venue: \_\_\_\_\_

Dated: \_\_\_\_\_ Time: \_\_\_\_\_

**Paste Recent  
Photograph  
(ID card size)**

Name: Mr./Miss/Mrs.: 

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Father's Name: 

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CNIC/Passport No: 

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Mobile: 

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**NOTE :**

- Bring original CNIC/ PASSPORT.
- Bring your own stationary; exchange of stationary is strictly prohibited.
- Candidate must reach in the examination hall at least 30 minutes before the start of examination.

**Signatures of the Candidate** \_\_\_\_\_

Office Of Controller OF Examinations

Session \_\_\_\_\_

(Entry Test Centre)

**DUPLICATE**  
For Candidate

King Edward Medical University  
Patiala Block, Lahore

**ADMIT CARD**  
**University Based Subject Test**

**PROGRAM \_\_\_\_\_ SPECIALTY \_\_\_\_\_**

Venue: \_\_\_\_\_

Dated: \_\_\_\_\_ Time: \_\_\_\_\_

**Paste Recent  
Photograph  
(ID card size)**

Name: Mr. /Miss/Mrs.: 

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Father's Name: 

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CNIC/Passport No: 

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Mobile: 

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**Signatures of the Candidate** \_\_\_\_\_

Office Of Controller OF Examinations