For office use only

Office Copy

ADMITTANCE CARD JCAT EXAMINATION

| PROGRAM | |
|---|---|
| Venue: Examination Centers, University of the Punjab, Wahdat Road Lah | <u>iore</u> |
| Date of Exam: 07-04-2019 (Entry in Examination Hall will close at: 08:30 | AM) Paste Recent |
| Name: | Photograph |
| Father's Name: | Not Attested from Front |
| CNIC/Passport No | |
| Mobile: E-Mail Address (Compulsory) | |
| Entry in Examination Center will close at 08:30 AM. Candidates are suggested in their own interest. Pen/Pencil and stationary, required for examination, will be provided by the university. Unauthorized change of seat, communication or disturbing other candidates, shall be liable for in Candidate shall be required to return this Admitance Card before leaving the Examination Centre Signatures of the Candidate | itiating administrative/Legal action. |
| | (Roll Number) |
| Candidate Copy ADMITTANCE CARD JCAT EXAMINATION | For office use only |
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| Date of Exam: 07-04-2019 (Entry in Examination Hall will close at: 08:30 Name: | Paste Recent Photograph |
| Father's Name: | Not Attested from Front |
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| Mobile: E-Mail Address (Compulsory) | |
| NOTE: Bring Admitance Card & original CNIC/ PASSPORT (Entry will not be allowed without Admitance Pen/Pencil, Mobile, Calculator, Jewelry, Hand Bag, eatables, electronic devices, wrist watch, and Entry in Examination Center will close at 08:30 AM. Candidates are suggested in their own interest Pen/Pencil and stationary, required for examination, will be provided by the university Unauthorized change of seat, communication or disturbing other candidates, shall be liable for in | any printed material is not allowed. est to reach at 08:00 AM. |

Candidate shall be required to return this Admitance Card before leaving the Examination Centre.

Signatures of the Candidate



Specialized Healthcare and Medical Education Department, Government of the Punjab

APPLICATION FORM FOR JOINT CENTRALIZED ADMISSION TEST

| | Roll Number: | | | | | For | For office use only | | | | | |
|--|--------------|---------------|-------|---------------|--------|---------|---------------------|-------|----------|--------|----------|--------------|
| Tick the relevant box: MD Medicine & Allied Specialties/ MS Sur MDS Dental Surgery & Allied Specialties Note:- Form must be filled in capital letters Applicant's Personal Information | rgery | y & A | llied | Spe | ecialt | ies | | | , | | ch R | ecent aph |
| 1. Full Name (in capital letters) | | | | | | | | | No | t Atte | sted fr | om Front |
| | | | | | | | | | | | | |
| 2. Father's Name (in capital letters) | I | | | | | II | | | | | | |
| | | | | | | | | | | | | |
| 3. CNIC. No. | <u></u> | | | | end | ∟ | | | | | <u> </u> | |
| | - | | | | Male | | \subset |) Fer | male | | | |
| 5. PM&DC No. | P | assp | ort N | o. <i>(ir</i> | ı cas | e of I | Forei | gner | <u>)</u> | | | |
| | | | | | | | | | | | | |
| 6. Graduation (Institute / University) | i | i | .1 | i | .1 | | | | | | i | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 7. Mobile No.(<i>without dash</i>) | | hone | No. | (Res | / Of | f) (w/ | ithou | t da | sh\ | | | |
| 7. Woodle 10. (Without dash) | Ī | | 110. | (1103 | , 0. | ., (55. | | | ,, | | | |
| | <u></u> | | | | | | | | | | | |
| 8. Email Address (<i>Capital letters</i>) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 9. Postal Address (in capital letters) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11. Domicile Punjab | Ŏ | orei Other | • | | | | | | | | | |
| 12. Amount: Rs. Mode of Payment: | _ | Bank [| Oraft | OF | Pay O | rder | \bigcirc | Cash | Depo | sit in | Bank | Accoun |
| 13. Bank Draft/Pay Order/Cash Deposit Slip 14. Name of Bank:- | NO: | | | | | | | | | | | |
| | | | | | | | | | | | | |

15. 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 | | | | | | | |

16. Instructions:-

- i. Incomplete form shall not be entertained.
- ii. Collect your Admitance Card from Examination one day before the Examination (during working hours).
- iii. Bring only Admitance Card & original CNIC/ PASSPORT (Entry will not be allowed without Admitance Card & CNIC/Passport).
- iv. Pen/Pencil, Mobile, Calculator, Jewelry, Hand Bag, eatables, electronic devices, wrist watch, and any printed material is not allowed.
- v. Entry in Examination Center will close at 08:30 AM. Candidates are suggested in their own interest to reach at 08:00 AM.
- vi. Pen/Pencil and stationary, required for examination, will be provided by the university
- vii. Unauthorized change of seat, communication or disturbing other candidates, shall be liable for initiating administrative/Legal action.
- viii. Candidate is required to fulfill eligibility criteria before depositing fee for appearing in examination. Please read eligibility criteria the from university website: http://www.kemu.edu.pk or Admission notice published in newspapers.
- ix. Fee once deposited shall not be refunded.
- x. Passing the examination shall not itself confer any right of admission.
- xi. Result of examination shall be **quashed**, if a candidate found ineligible for appearing in the examination at any stage.
- xii. Important notices (if required) shall only be communicated to candidates through university website and/or his /her E-mail.

17. Declaration:-

I solemnly declare that:-

- i. Information provided above, is correct to best of my knowledge and belief. No information/material has been concealed or withheld herein.
- ii. I have read and understand the above instructions. I agree to compile with them, in case of non-compliance, I shall be responsible for the consequences.

| Signature | s of Appl | icant | |
|-----------|-----------|-------|--|
| Date: | / | / | |

18. Check List:-

Please collate your Attested documents in following order:-

- Application Form (Page wise)
- DMCs or Degree of all MBBS/BDS/equivalent professional examinations
- One Year House Job Completion Certificate
- CNIC/Passport
- Domicile certificate
- Valid PM&DC Registration
- Three Passport size Photographs in blue background (Paste 03 photographs on given place)
- Bank Draft/Pay Order/Cash Deposited Slip (attached in original)