



Session March\_2023

# APPLICATION FORM

FOR POSTGRADUATE COURSE  
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN  
SHAHEED BENAZIR ABAD,  
SINDH-PAKISTAN

S.No. \_\_\_\_\_

To,  
The Registrar,  
PUMHSW, Shaheed Benazir Abad

## PERSONAL BIO DATA

Passport Size  
Photograph

NAME OF APPLICANT

FATHER'S/HUSBAND'S NAME

PRESENT POSITION

PRIVATE/IN-SERVICE CANDIDATE

NAME OF EMPLOYER ORGANIZATION

PRESENT ADDRESS

PERMANENT ADDRESS

TELEPHONE NO:  CELL #  D.O.B 

D	M	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>

NATIONALITY

DOMICILE  Email

C.N.I.C. NO:

PASSPORT NO:

COURSE APPLIED FOR

Erstwhile PM&DC REG: NO.

Current Pakistan Medical Commission (PMC)



Session March\_2023

## ACADEMIC RECORD

YEAR OF GRADUATION

INSTITUTE OF GRADUATION

EXAMINATIONS PASSED	YEAR	NO. OF ATTEMPTS	MARKS OBTAINED
1st PROF.			
2nd PROF.			
3rd PROF.			
FINAL PROF.			
ANY OTHER QUALIFICATIONS			

## RECORD OF EXPERIENCE

NATURE OF JOB	DURATION	SPECIALTY	INSTITUTION
1. House Job			
2. ALL JOBS IN CHRONOLOGICAL ORDER			
3. COURSES ATTENDED			
4. RURAL SERVICE (if any)			

I solemnly declare that the information furnished in this application form is correct to the best of my knowledge. I further declare that I shall abide by all the rules & regulations of Postgraduate Education Committee of Peoples University of Medical & Health Sciences, Nawabshah.

Dated \_\_\_\_\_

(Signature of Candidate)

## CHECK LIST OF DOCUMENTS TO BE ATTACHED

Name of Course: - \_\_\_\_\_ / \_\_\_\_\_.

Form No. \_\_\_\_\_

### FOLLOWING ALL ATTESTED DOCUMENTS ARE TO BE ATTACHED WITH THE APPLICATION FORM

- |   |                      |
|---|----------------------|
| 1. Latest Four Passport Size Photographs  | <u>Yes</u> <u>No</u> |
| 2. MBBS Degree Certificate  | <u>Yes</u> <u>No</u> |
| 3. Consolidated/Separate mark sheets of all examinations passed                           | <u>Yes</u> <u>No</u> |
| 4. Valid PM&DC Registration Certificate   | <u>Yes</u> <u>No</u> |
| 5. House Job Certificate(s)   | <u>Yes</u> <u>No</u> |
| 6. Any other Qualification.   | <u>Yes</u> <u>No</u> |
| 7. <b>Original Bank Challan No:</b> _____ <b>Dated:</b> _____.                            | <u>Yes</u> <u>No</u> |
| ➤ M.D / M.S Part-I Examination + Prospectus & Curriculum Fee _____ Rs. 19,500/-           | <u>Yes</u> <u>No</u> |
| ➤ M.D / M.S Part-I Examination + Prospectus & Curriculum with Late Fee _____ Rs. 20,000/- | <u>Yes</u> <u>No</u> |
| ➤ FCPS Part-II + Prospectus Fee _____ Rs. 7,500/-   | <u>Yes</u> <u>No</u> |
| ➤ FCPS-II + Prospectus with Late Fee _____ Rs. 8000/-                                     | <u>Yes</u> <u>No</u> |
| 8. Matriculation Certificate  | <u>Yes</u> <u>No</u> |
| 9. Intermediate Certificate   | <u>Yes</u> <u>No</u> |
| 10. Domicile & CNIC   | <u>Yes</u> <u>No</u> |
| 11. List of Short Documents   | <u>Yes</u> <u>No</u> |

Any Remarks: \_\_\_\_\_

\_\_\_\_\_

(To be filled by office of PGMC PUMHSW SBA).

Signature: \_\_\_\_\_.



**POSTGRADUATE MEDICAL CENTER  
PUMHS, NAWABSHAH**

For Candidate

**ADMIT CARD  
FOR ENTRY TEST / EXAM**

**CENTRE: PUMHS, NAWABSHAH.**

Seat No.

<b>Name</b>	
<b>S/o, D/o, W/o</b>	
<b>Course applied for</b>	
<b>Govt. / Pvt.</b>	

**CONTROLLER OF EXAMINATIONS (PGS)**  
Peoples University of Medical & Health Sciences.  
Nawabshah (SBA).

**DIRECTOR POSTGRADUATE MEDICAL CENTER**  
Peoples University of Medical & Health Sciences.  
Nawabshah (SBA).



**POSTGRADUATE MEDICAL CENTER  
PUMHS, NAWABSHAH**

Office Copy

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