

APPLICATION FORM

FOR POSTGRADUATE COURSE 2022
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN
SHAHEED BENAZIR ABAD,
SINDH-PAKISTAN

S.No. _____

PERSONAL BIO DATA

Passport Size
Photograph

To,
The Registrar,
PUMHSW, Shaheed Benazir Abad

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
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NATIONALITY

DOMICILE Email

C.N.I.C. NO:

PASSPORT NO:

COURSE APPLIED FOR

Erstwhile PM&DC REG: NO.

Current Pakistan Medical Commission (PMC)



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)



**POSTGRADUATE MEDICAL CENTER
PUMHS, NAWABSHAH
ADMIT CARD
FOR ENTRY TEST / EXAM**

For Candidate

CENTRE: PUMHS, NAWABSHAH.

Seat No.

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

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
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Office Copy

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Peoples University of Medical & Health Sciences.
Nawabshah (SBA).

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 | Yes | No |
| 2. MBBS Degree Certificate | Yes | No |
| 3. Consolidated/Separate mark sheets of all examinations passed | Yes | No |
| 4. Valid PM&DC Registration Certificate | Yes | No |
| 5. House Job Certificate(s) | Yes | No |
| 6. Any other Qualification | Yes | No |
| 7. Original Bank Challan of Rs.7,500/- | Yes | No |
| 8. Rs. 8,000/- with late fee | Yes | No |
| 9. Matriculation Certificate | Yes | No |
| 10. Intermediate Certificate | Yes | No |
| 11. Domicile & CNIC | Yes | No |
| 12. List of Short Documents
(To be filled by office of PGMC) | Yes | No |

Signature _____