



APPLICATION FORM

FOR POSTGRADUATE COURSE 2021
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN

	I-PAKISTAN	
To,	AL BIO DATA	Passport Size Photograph
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		D M Y
TELEPHONE NO:	CELL#	D.O.B
NATIONALITY		
DOMICILE	Email	
C.N.I.C. NO:		
PASSPORT NO:		
COURSE APPLIED FOR		
Erstwhile PM&DC REG: NO. Current Pakistan Medical Commission (PMC		



EAR OF GRADUATION			IC RECORD	
NSTITUTE OF GRADUAT	ION			
EXAMINATIONS PA	SSED	YEAR	NO. OF ATTEMPTS	MARKS OBTAINED
Ist PROF.				
2nd PROF.				
3rd PROF.				
FINAL PROF.				
ANY OTHER QUALIFICATI	ONS			
	ECO	PD O	F EXPERIENC	
NATURE OF JOB	1	RATION	SPECIALTY	INSTITUTION
I. House Job				The state of the s
		-		
2. ALL JOBS IN CHRONOLOGICAL ORDER				
COURSES ATTENDED				
. RURAL SERVICE (if any)				
solemnly declare that the ir	formation	n furnished in	this application form is cor the rules & regulations of P	rect to the best of my



POSTGRADUATE MEDICAL CENTER **PUMHS, NAWABSHAH**

ADMIT CARD FOR ENTRY TEST / EXAM

CENTRE: PUMHS, NA	WABSHAH.
--------------------------	----------

CENTRE: PUMHS, NAWA	BSHAH.	
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).

For Candidate

Office Copy



Seat No.

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

CENTRE: PUMHS, NAWABSHAH.

				_
Name				
S/o, D/o, W/o				
Course applied for	, in the second			
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).

CHECK LIST OF DOCUMENTS TO BE ATTACHED

		O DE ALI	ACHED
N	ame of Course:	Form No	
	FOLLOWING ALL ATTESTED DOCUMENT ATTACHED WITH THE APPLIC	THE PLANT OF THE PERSON NAMED IN THE PERSON NA	THE RESIDENCE OF THE PARTY OF T
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 4500/= for Prospectus (For M.S/M.D) Rs. 2500/= for Prospectus Rs. 15000/= For Examination M.D/M.S (Part-Rs. 5000/= For MTA (Midterm Assessment) Rs. 5000/= Entry test for all Diplomas Rs. 5000/= Entry test for MSPH, M.Phil	Yes -1)	No
3.	FCPS-I Pass Certificate for FCPS-II Training	Yes	No
€.	Matriculation Certificate	Yes	No
10.	Intermediate Certificate	Yes	No
11.	Domicile & CNIC	Yes	No
2.	List of Short Documents (To be filled by office of PGMC)	Yes	No

Signature____