

Specialty in which applied _____
(Session 2012)

KING EDWARD MEDICAL UNIVERSITY, LAHORE

APPLICATION FORM FOR ADMISSION IN DIPLOMA PROGRAMS

I. Personal Particulars

1. Name of Applicant: _____
2. Father's Name: _____
3. Date of Birth: _____
4. NIC No. _____
5. Present Address: _____

City _____
Country _____ Tel: _____
Cell: _____ E-Mail _____
6. Permanent address: _____

Country _____ Tel/Cell: _____
- Contact Number of a close relative: _____
7. Year of passing MBBS Examination _____
8. Institution from where passed: _____
(Please enclose a certified copy of degree)
9. Registration No. of PMDC _____
(Please enclose a certified copy of the valid Certificate of Registration).
10. Detail of House Job _____
(Please enclose a certified copy of one year House Job certificate (s))
11. Any additional Experience.
(Please enclose a certified copy of experience)

Paste Recent
passport size

Signatures of the applicant _____

DOCUMENTS ATTACH (ATTESTED PHOTOSTATE COPIES)

1. **Matric Certificate.**
2. **F.Sc Certificate.**
3. **MBBS Degree.**
4. **Result Cards of all Professional Examinations.**
5. **PM&DC Registration.**
6. **House Job Certificate (One Year)**
7. **Four Passport Size Photographs.**
8. **Domicile.**
9. **I.D. Card.**

PLEASE NOTE:

No Application Shall be Entertained Without The Above Documents.