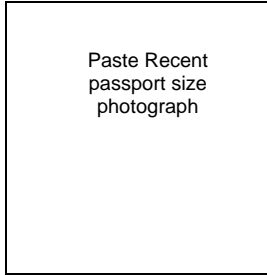


KING EDWARD MEDICAL UNIVERSITY, LAHORE
PART-I EXAMINATION FORM FOR ADMISSION INTO MD/MS/MDS PROGRAMS SESSION 2012.

SPECIALTY: _____



1. Name of Applicant: _____

2. Father's Name: _____

3. Date of Birth: _____

4. CNIC No. _____

5. Present Address either Pakistani or Foreigner _____

_____ City _____

Tel: _____ Mob: _____

6. Permanent Address if Pakistani _____

Tel: _____ Mob: _____

CONTACT NUMBERS OF CLOSE RELATIVE (Tel/Mob) _____

7. Permanent Address if Foreigner _____

Country _____ Tel: _____

Cell: _____ E-Mail _____

8. Year of passing MBBS Examination: _____

9. Institution from where passed: _____
(Please enclose a certified copy of degree)

10. Registration No. Of PMDC: _____
(please enclose a certified copy of **valid** certificate of Registration)

Two Training Programs of the University or CPSP of the same or different Specialties are not permissible

Signature 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.