

KING EDWARD MEDICAL UNIVERSITY, LAHORE

APPLICATION FOR REGISTRATION TO MD/MS PREPARATORY COURSE FEBRUARY/MARCH, 2010

1. Name of Applicant: _____
2. Father's Name: _____
3. CNIC No. (Attached attested copy) _____
4. Present Address: _____

_____ City

- Country _____ Tel: _____
Cell: _____ E-Mail _____
5. Permanent Address: _____

Country _____ Tel: _____
Cell: _____ E-Mail _____
6. Year of passing MBBS Examination: _____
7. Institution from where passed: _____
(please enclose a certified copy of degree)
8. Registration No. Of PMDC: _____
(please enclose a certified copy of valid certificate of Registration)
9. Detail of House Job: _____
(Please enclosed a certified copy of one year House Job certificate (S))
10. Referee (Please give name and address of 02 referees of whom should be
Prof. of Medical Institution/College attended
(1) _____

(2) _____

11. Fee Receipt No. (KEMU) _____



Signature of the applicant: _____

KING EDWARD MEDICAL UNIVERSITY, LAHORE
APPLICATION FORM FOR PART-I EXAMINATION 2010
MD/MS PROGRAMS

Specialty: _____

1. Name of Applicant: _____

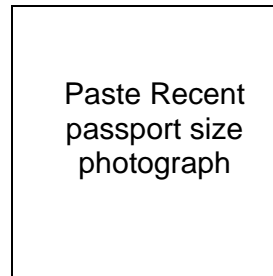
2. Father's Name: _____

3. Date of Birth: _____

4. CNIC No. _____

5. Present Address either Pakistani or foreigner

_____ City _____



6. Permanent Address if Pakistani _____

EMERGENCY CONTACT NUMBERS OF CLOSE RELATIVE OR FRIEND

Cell 1: _____ Cell 2: _____

7. Permanent Address if foreigner

Country _____ Tel: _____

Cell: _____ E-Mail _____

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