

Educational Information

Degree	Subject	Institute/ Board/ University	Passing Year	Obtained Marks	Total Marks	No. of Attempts	Grade/Division With Percentage
MATRIC/ O-LEVEL							
INTERMEDIATE /A-LEVEL							
MBBS/BDS OR EQUIVALENT							
M.PHIL/MS/M D/MDS/FCPS OR EQUIVALENT							

Medals/Distinctions/ Achievements (if any please specify)

Working Experience

Job Title	Name of Organization	Full/Part-Time	From	To

Current Status of service (Public/Private)

Have you ever joined any Department/Institute/Centre previously? If yes, give details:

Brief sketch of research work done, so far, if any, including title of the project, name of supervisor and institution. Use additional pages if required. The statements should not exceed 500 words.

Fee Details

Amount Rs: _____ Bank Challan No. /Pay Order

No.: _____

Date: _____ Branch: _____

Declaration and Signature

I solemnly declare that:

- I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at King Edward Medical University, Lahore.
- I am not suffering from any infectious disease.
- I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
- I have read and understood the University's admission / training cancellation and refund policy.
- I understand that the University may obtain official record from any educational institution which I have previously attended.

I, undertake to:

- A) Abide by the Statutes, Rules & Regulations etc. framed by the University / Department / Institution/Centre/College, from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.
- B) I accept as binding on me as long as I am a student, all Rules and Regulations of the University enforced at the time of joining and which might be framed subsequently.
- C) Show good behavior;
- D) Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;
- E) Pay in time all dues and fine, if any;
- F) I will notify the new address to Assistant Registrar, DPCC, if there is any change in my contact Address/phone number, provided with this admission form.
- G) To take examination unconditionally, notified by the University/Department/ Institute/ Centre/College.
- H) I have read the relevant Rules and Regulations for admission before signing this application.
- I) Any change in Rules & Regulations about any Program along with any change in fee would be applicable to all students and there would be no discretion available to any student to tag it with old or new scheme.
- J) At a time, two Training Programs of the University or CPSP of the same or different Specialties are not permissible.

Signature of Applicant

Date: / /

Check List

Attached attested copies.

1. Matriculation
2. Intermediate
3. DMCs & Degree of all MBBS/BDS professional examinations.
4. Attempt Certificate of MBBS/BDS
5. House Job Certificate (One Year)
6. DMCs and Degrees of M.Phil/MD/MS/MDS/FCPS or Equivalent.
7. CNIC
8. Domicile certificate.
9. Three Passport size Photographs in blue background.
10. Valid PM&DC Registration (Where Applicable)
11. Pay Order / Bank Challan receipt (attached in original).
12. Enclosed a No Objection Certificate (NOC) from current employer.
13. Enclosed all Experience Certificates.

Session _____

(Entry Test Centre)

ORIGINAL
For Office Use

ADMIT CARD
University Based Subject Test

PROGRAM _____ **SPECIALTY** _____

Venue: _____

Dated: _____ **Time:** _____

Name: _____

Father's Name: _____

CNIC /Passport No: _____

Mobile: _____

Paste Recent
Photograph
(ID card size)

NOTE :

- Bring only Blue Ball Point, CNIC/Passport, Admit Card inside the center.
- Exchange of stationary is strictly prohibited.
- Cell Phones /PDAs, other electronic devices are strictly prohibited inside the Examination Centre.
- No facility for collection of Cell Phones/PDAs/ Other electronic devices etc. will be available at the examination center.
- Candidate must reach in the examination hall at least 30 minutes before the start of examination.

Signatures of the Candidate _____

Office Of Controller OF Examinations

Session _____

(Entry Test Centre)

DUPLICATE
For Candidate

ADMIT CARD
University Based Subject Test

PROGRAM _____ **SPECIALTY** _____

Venue: _____

Dated: _____ **Time:** _____

Name: _____

Father's Name: _____

CNIC /Passport No: _____

Mobile: _____

King Edward Medical University
Patiala Block, Lahore

Paste Recent
Photograph
(ID card size)

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