

**APPLICATION FORM FOR ADMISSION INTO M. PHIL PROGRAMS  
KING EDWARD MEDICAL UNIVERSITY, LAHORE.**

| Sr. No. | GROUP A PROGRAMS                   | Sr. No. | GROUP B PROGRAMS | Sr. No. | GROUP C PROGRAMS | Sr. No. | GROUP D PROGRAMS                |
|---------|------------------------------------|---------|------------------|---------|------------------|---------|---------------------------------|
| 1.      | Pharmacology                       | 1.      | Anatomy          |         | -                | 1.      | Optometry(VS)                   |
| 2.      | Microbiology                       | 2.      | Histopathology   |         | -                | 2.      | Orthoptics (VS)                 |
| 3.      | Biochemistry                       |         |                  |         | -                | 3.      | Investigative Ophthalmology(VS) |
|         | Chemical Pathology                 |         |                  |         |                  | 4.      | Physiotherapy                   |
| 4.      | Haematology                        |         |                  |         | -                |         |                                 |
| 5.      | Physiology                         |         |                  |         | -                |         |                                 |
| 6.      | Community Medicine / Public Health |         |                  |         | -                |         |                                 |

**NOTE**      i)      NTS GAT General-C Mark obtained. \_\_\_\_\_

**PERSONAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ CNIC No. \_\_\_\_\_

4. Present Address: \_\_\_\_\_

\_\_\_\_\_

City:- \_\_\_\_\_ Telephone: - \_\_\_\_\_

Mobile: - \_\_\_\_\_ Email: - \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City: - \_\_\_\_\_ Telephone:- \_\_\_\_\_

**PM&DC / PMC Registration Certificate:**

Registration No. \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

(Please enclose a certified copy of **valid** certificate of Registration)

Paste Passport Size  
Photograph

**NAME AND CONTACT NUMBER OF CLOSE RELATIVE/NEXT OF KIN**

Name: \_\_\_\_\_

Tel/Mobile: \_\_\_\_\_

**Permanent Address for Overseas Applicants:**

\_\_\_\_\_

Country: \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION (BASIC SCIENCES):**

MBBS Degree Year Obtained: \_\_\_\_\_ Institution Where Studied: \_\_\_\_\_

Degree Awarding University \_\_\_\_\_

(Please enclose a certified copy of degree)

| Subdivisions       | 1 <sup>st</sup> Prof. Part-I | 1 <sup>st</sup> Prof. Part-II | 2 <sup>nd</sup> Prof. | 3 <sup>rd</sup> Prof. | Final Prof. | Total Obtained Marks | % age | Transcript/DMC/DEGREE attached |
|--------------------|------------------------------|-------------------------------|-----------------------|-----------------------|-------------|----------------------|-------|--------------------------------|
| Professional Exams |                              |                               |                       |                       |             |                      |       |                                |
| No. of Attempts    |                              |                               |                       |                       |             |                      |       |                                |
| Distinction        |                              |                               |                       |                       |             |                      |       |                                |

**EDUCATION (VISION SCIENCES):**

Degree Year Obtained: \_\_\_\_\_ Institution Where Studied: \_\_\_\_\_

Degree Awarding University \_\_\_\_\_

(Please enclose a certified copy of degree)

| Subdivisions       | 1 <sup>st</sup> & 2 <sup>nd</sup> Semester | 3 <sup>rd</sup> & 4 <sup>th</sup> Semester | 5 <sup>th</sup> & 6 <sup>th</sup> Semester | 7 <sup>th</sup> & 8 <sup>th</sup> Semester | 9 <sup>th</sup> & 10 <sup>th</sup> Semester | Total Obtained Marks | % age | Transcript/DMC/DEGREE attached |
|--------------------|--|--|--|--|---|----------------------|-------|--------------------------------|
| Professional Exams |  |  |  |  |   |                      |       |                                |
| No. of Attempts    |  |  |  |  |   |                      |       |                                |
| Distinction        |  |  |  |  |   |                      |       |                                |

**EDUCATION (PHYSIOTHERAPY):**

Degree Year Obtained: \_\_\_\_\_ Institution Where Studied: \_\_\_\_\_

Degree Awarding University \_\_\_\_\_

(Please enclose a certified copy of degree)

| Subdivisions       | 1 <sup>st</sup> year & 2 <sup>nd</sup> year | 3 <sup>rd</sup> year & 4 <sup>th</sup> year | Mid Comprehensive | End Comprehensive | Total Obtained Marks | % age | Transcript/DMC/DEGREE attached |
|--------------------|---|---|-------------------|-------------------|----------------------|-------|--------------------------------|
| Professional Exams |   |   |                   |                   |                      |       |                                |
| No. of Attempts    |   |   |                   |                   |                      |       |                                |
| Distinction        |   |   |                   |                   |                      |       |                                |

## WORKING EXPERIENCE

| Sr. No. | Job title | Status Regular/Adhoc | Name of Organization | Full/Part-Time | From | To | Period | Experience Certificate attached |
|---------|-----------|----------------------|----------------------|----------------|------|----|--------|---------------------------------|
|         |           |                      |                      |                |      |    |        |                                 |
|         |           |                      |                      |                |      |    |        |                                 |
|         |           |                      |                      |                |      |    |        |                                 |
|         |           |                      |                      |                |      |    |        |                                 |

Current status of service ( Government / Private)

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## PUBLICATION

Brief sketch of research work / Publication, done, so far, if any, including title of the project, name of supervisor and institution.

| Sr.No. | Title | Name of Supervisor | Institution | Date & Place | Documentary prof attached (Yes/No) |
|--------|-------|--------------------|-------------|--------------|------------------------------------|
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |

## BOOK /COPY CONTRIBUTION

Brief sketch of Book / Copy contribution, done, so far, if any, including title of the project, name of supervisor and institution.

| Sr.No. | Title | Name of Supervisor | Institution | Date & Place | Documentary prof attached (Yes/No) |
|--------|-------|--------------------|-------------|--------------|------------------------------------|
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |

## POSTER PRESENTATION IN CONFERENCE

Brief sketch of Poster presentation in Conference, done, so far, if any, including title of the project, name of supervisor and institution.

| Sr.No. | Title | Name of Supervisor | Institution | Date & Place | Documentary prof attached (Yes/No) |
|--------|-------|--------------------|-------------|--------------|------------------------------------|
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |
|        |       |                    |             |              |                                    |

**NOTE**

**TWO TRAINING PROGRAMS OF THE UNIVERSITY OF CPSP OF THE SAME OF DIFFERENT SPECIALTIES ARE NOT PERMISSIBLE**

**(DOCUMENTS TO ATTACHED (ATTESTED PHOTOCOPIES)**

1. Three Photographs Passport Size
2. Matric Certificate
3. F.Sc Certificate
4. MBBS Degree / Relevant Graduate degree
5. Attempt Certificate
6. Result Cards (All Professionals).
7. Result Card (GAT General).
8. One year House Job Certificate.
9. PM&DC / PMC (Valid Date)
10. CNIC
11. Domicile Certificate
12. Certificate of distinction or Position in University / College (if any).
13. Experience Certificate.
14. Publications (if any).
15. NOC (Government employees)
16. Bank Receipts Rs: 2000/- (Original)

Signature of the applicant: \_\_\_\_\_

## **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 cancellation and refund policy.
- I understand that the University may obtain official records from any educational institution I have previously attended. **I, undertake to:**
  1. Abide by the Statutes, regulations (including the Code of Honour of Students, of University Calendar 2007 \* Vol. 1) and rules etc. framed by the University of the Department / Institute/Centre/College from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.
  2. I accept as a condition of my admission the authority of the University that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor /Director/Chairman/Principal of the Department/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre /College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the Department/Institute/Centre/College without any further notice to me.
  3. Not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.
  4. I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.
  5. Show good behavior;
  6. Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;
  7. Pay in time all dues and fine, if any;
  8. I will notify the new address to Assistant Registrar, DPCC, if there is any change in my contact Address/phone number.
  9. I undertake to take examination unconditionally notified by the University / Department / Institute/Centre/College.
  10. I have read the relevant rules and regulations concerning admission before signing this application.
  11. Any change in Rules & Regulation of the 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 old or new scheme.

Signature of Applicant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.