



KING EDWARD MEDICAL UNIVERSITY, LAHORE.

Form No. _____



Please attach
five (5) recent
color
photographs
here

Certificate applied for: _____

Name of applicant (in Block Letter): _____

S/o, D/o, W/o: _____

Date of Birth: DD/MM/YY ____ / ____ / ____ Age ____ Years: ____ Month: ____ Days: ____

CNIC #						-									-	
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Domicile: _____ Province: _____

Council Reg. No. (PMDC/PNC/AHPC): _____ Valid Upto: _____

Telephone Numbers: Mobile _____ Landline: _____

Email: _____@_____

Current Address: (where interview call is to be sent).

Permanent Address:

Basic Qualifications:

Qualification	Year	Institution & City	Total Marks	Marks Obtained	%	Attempts
Matric/ Intermediate / Graduation						

Postgraduate Qualification:

Qualification	Year	Institution

(Please attach attested copies of all relevant documents)

Professional Experience:

Designation	Hospital/ Institution	Period		Duration
		From	To	

(Please attach attested copies of all relevant documents) Please attach extra sheet if required

Certificates / Courses/ Trainings / Workshops (Attended):

Course		

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Publications

Total: _____

Name of Journal	Topic	Author Position
LOCAL		
INTERNATIONAL		
BOOK		

(Please attach copies of all relevant documents)

Please attach extra sheet if required

Other Co-Curricular Activities (if any):

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(Please attach copies of all relevant documents)

Please attach extra sheet if required

Please write YES or NO against the attested photocopies of certificates and other related documents which you have attached with the application.

a)	Resume/ CV(Curriculum Vitae)		b)	Graduation (Transcript and Degree)	
c)	Postgraduate (Transcript and Degree)		d)	Experience Certificates (Including Current Employer)	
e)	Council Registration Certificate (PMDC/PNC/AHPC)		f)	Research Publications (Attached All Publications Record)	
g)	Attempt Certificate (if applicable)		h)	Certificate of Distinction or Achievement	
i)	Copy of CNIC		j)	Five (5) Recent Color Photographs	
k)	Paid Challan Form (Processing Fee)		l)	NO Objection Certificate (NOC)	
Any other					

- *I have filled this application form carefully. I do hereby solemnly declare that replies given by me in this application form are correct to the best of my knowledge.*
- *I fully understand that if my application is incomplete, unsigned or not accompanied by the attested photocopies of all the relevant documents including research papers, it will be rejected.*

Dated: _____

Signature of candidate