UNIVEF Ph: N	Please affix one Photograph attested from backside.			
ssion:	Advertisement R	eference:	Dated:	
Fill application	on form in capital wo	ords.		
plicant's Pe	rsonal Information			
Full Name (F	First, Middle, Last)			
Father's Nan	<b>ne</b> (First, Middle, Last)			
Date of Birth	h (DD/MM/YYYY)	Age	Gender	
		4.	5.	
Contact no.				e (Place)
Personal			7.	
Home				
Marital Statu	us Married	SNIC	NO.	
Single	Iviaineu	9.		
Permanent /	Address:-			
Postal Addr	ess:-			
		E-Mail:	-	

# **Educational Information**

Degree	Title of Degree	Institute/Board /University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Matric						
Intermediate						
MBBS/BDS/			1 <sup>St</sup> Yr			Obtained All Prof/ Total All Prof = % age
Equivalent			2 <sup>nd</sup> Yr			1
			3 <sup>rd</sup> Yr			··
			4 <sup>th</sup> Yr			( %)
			5 <sup>th</sup> Yr			
Masters						
M.Phil, MRCS, MCPS, MS etc.						
Ph.D, FRCS, FCPS etc.						

# **Other Relevant Qualifications / Courses**

Qualifications	Subject	Institute/Board/ University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Computer Training & Diplomas						

Medals / Distinctions / Achievements

### **Research Papers / Publications with Impact Factor**

(Attach a complete list with proper citations)

Publication Title	Authorship (Number)	Index/Journal	Impact Factor	Status

**Research Interest ; Subject** 

Experience:-	$e^{\Box}$ Private Employee $\Box$ Perm	anent Basis	Contract Bas	is		
Designation	Organization	Per	Period		Duration	
	Organization	From	То	Year	Mon	
					T	

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#### Check List:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

## Applicant's Signature

- $\Box$  I have filled all the relevant columns.
- Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)
  - ☐ Matriculation Certificate
  - □ Intermediate Certificate
  - Bachelors Certificate (Attach copy of Detailed Marks Certificate of each year)
  - ☐ Masters Certificate
  - □ M.Phil, MRCS, MCPS, MS etc Certificates
  - □ Ph.D, FRCS, FCPS etc. Certificates
  - $\Box$  Original NOC to attend course on deputation basis.
  - Copies of the Publications attached (Number of Copies \_\_\_\_\_)
  - □ Experience Certificates
- Enclosed attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.

#### Note:-

- The candidates are required to appear in Entrance Test which will be held on Tuesday, 25<sup>th</sup> July, 2017 at 02:00 pm in the University of Health Sciences, Lahore.
- The candidates must reach the University of Health Sciences one hour prior to the start of Entrance Test for registration.
- Candidates must deposit the processing Fee in favor of "MHPE-UHS" of Rs.1000/- through Bank Challan at National Bank of Pakistan Sheikh Zayed Hospital Branch, Lahore or attach a Bank Draft of the same amount in the name of "MHPE-UHS" with his / her Application form.
- Application form containing false or incomplete information and without processing fee shall not be accepted/ entertained.
- Attested copies of Degrees / Testimonials (with Detailed Marks Certificates of all professional Examinations), Copies of Publications, Experience Certificates and NOC be attached with the Application Form.
- Those who are in service and desirous to attend the course on Deputation, should apply through proper channel.
- Documents attached at the time of submission of application will be considered during the process of admission only.
- Original Copies of Degrees / Testimonials, Experiences Certificates & Publications at the time of interview will be required.