

Serial No: \_\_\_\_\_



# UNIVERSITY OF HEALTH SCIENCES Lahore

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304-9

## ADMISSION FORM FOR POST GRADUATE CERTIFICATE IN MEDICAL TEACHING

**NOTE:**

- The name/spelling of the candidate and his/her father name be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the Certificate issued to you by the University.**
- Please fill in the form with **black ink** only in **CAPITAL** letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
- Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes "" are provided in the form, the box adjacent to the appropriate answer is to be ticked or crossed.  Or

Please Paste photograph here attested from front side (3X3 cm) with blue background

**1** Admission form for Post Graduate Certificate in Medical Teaching  
At SZMC, RYK  At FMU, Faisalabad  At RMU, Rawalpindi  At UHS, Lahore

**2** Full Name (first, middle, last)

**3** Father's Name (first, middle, last)

**4** Applicant's NIC

**5** Name of Institution

**6** Department ..... Nationality .....

**7** Mailing Address (mention all relevant information like post code etc.)  
.....  
.....

**8** Mobile/ Telephone Number (with city code)  E-mail: (mandatory)

**9** Current Job Status:  
 Professor  Associate Professor  Assistant Professor  Lecturer / Demonstrator / Senior Registrar  
 Other \_\_\_\_\_

**10 Job Experience:**

(The applicant **MUST** have at least 1 year of teaching experience in a Medical College/ Institution for as a Demonstrator / Senior Demonstrator/Senior Registrar/ Assistant Professor and above.)

- i) -----
- ii) -----
- iii) -----
- iv) -----

**11 Documents to be attached**

I have attached attested copies of the following documents with this form (tick appropriate box)

- Degree of MBBS/BDS     House Job Certificate     Current Teaching Position
- 01 photographs size (3x3 cm) paste at given place and
- 03 photograph size (3x3 cm) (attested from back side) attach with admission Forms.

**CERTIFICATE BY THE APPLICANT**

**12**

I hereby solemnly declare that: (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be Responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for this course without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my application. (4) If selected, I will be responsible to submit the require course fee **of Rs. 45,000/- for Rawalpindi, Faisalabad & Rahim Yar Khan and Rs. 40,000/- for Lahore** prior to the start of course.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the applicant**

**13**

**CERTIFICATE BY THE PRINCIPAL**

1. It is certified that Dr. \_\_\_\_\_ has \_\_\_\_\_ year of teaching experience as Demonstrator/Senior Registrar/Assistant Professor/Associate Professor/Professor.
2. The above mentioned doctor will be allowed to attend the teaching sessions at University of Health Sciences, Lahore / Sheikh Zayed Medical College, Rahim Yar Khan / Rawalpindi Medical University, Rawalpindi / Faisalabad Medical University, Faisalabad for the duration of the course that shall not exceed ten working days.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal (with stamp)**