APPLICATION FORM-POSTGRADUATE ENTRANCE TEST

Tick the Relevant

☐ M.Phil. Basic Medical Sciences including Basic Diplomas (DMJ, DCP)  
☐ M.Phil. Dental Sciences  ☐ M.Phil. MLS  ☐ Postgraduate Clinical Diplomas  
☐ Public Health & Related  ☐ M.Sc. Nursing

Session: ______________ Advertisement Reference: - ______________ Dated: - __________

Note:- Fill application form in capital words.

Applicant’s Personal Information

Full Name (First, Middle, Last)

Father’s Name (First, Middle, Last)

Date of Birth (DD/MM/YYYY)  Age  Gender

Contact no.  Domicile (Place)

Personal  Other

Marital Status  CNIC No.

Single  Married

Postal Address:

Permanent Address:

E-Mail:

Educational Information

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<tr>
<th>Degree</th>
<th>Title of Degree</th>
<th>Institute/Board /University</th>
<th>Passing Year</th>
<th>No. of Attempts</th>
<th>Obtained Marks/Total</th>
<th>Grade/Division /Percentage</th>
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Declaration:
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

Check List:
☐ 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
☐ Enclosed attested copy of the National Identity Card & Domicile Certificate.
☐ Enclosed three attested copies of recent photographs.

Note:
❖ Attested copies of Testimonials and NOC be attached with application form.
❖ Application form containing false or incomplete information shall not be accepted/entertained.
❖ No benefit would be given for any document not attached at the time of submitting application or produced after the closing date.
❖ On campus admissions will be advertised separately.

Applicant’s Signature