



UNIVERSITY OF HEALTH SCIENCES LAHORE

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Please affix 2
Photographs
attested from
backside. (4x4)

APPLICATION FORM FOR RECOGNITION OF RESEARCH ARTICLES

PMC Registration No. _____

Name	
Father's Name	
Postal Address	
Permanent Address	
Cell Number	
CNIC	
Email	
Current Designation with place of Posting	

Detail of original Research Article

Sr. No.	Name of Journal	Vol No and ISSN No	Title of Article	Time Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

I hereby affirm that all the information provided by me in this form is true to the best of my knowledge and belief, and no material has been concealed or withheld herein.

Applicants Signature

Dated _____

CHECK LIST

r List of documents to be attached: -

1. Prescribed application form dully filled along with 2 Passport size photographs with blue background to be filled in block letters.
2. Photocopies 2 sets of originals research papers along with front page of journal mentioning
 - Volume No
 - Issue No
 - Period in months
 - ISSN No
3. Valid PMC Registration Certificate.

Note: Only original Research papers will be accepted & No case report or clinical -----will be given recognition.

Applicants Signature

Dated _____