



**LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
JAMSHORO-SINDH.**

APPLICATION FORM

For Admission in MBBS & BDS at LUMHS & MBBS AT PMC

Academic Session 2009-2010.

Application No:

NOTE: Candidates are advised to complete all columns of the Application.
Please read the instructions for admission in the Medical Institutions in
MBBS & BDS courses for the session 2009-2010 carefully.
Fill in MBBS & BDS in **BLOCK LETTERS WITH BLACK PEN.**

To,
**The Registrar
LUMHS Jamshoro**

I request for admission in 1st year MBBS/BDS course for the academic session 2009-2010 as under:

Course applied for MBBS / BDS	
1 st Choice	2 nd Choice

Category & Seats (tick (√) all that applies)

Open Merit

Disabled

Reciprocal
(Merit cum choice)

- Attach here your recent photograph and submit FIVE attested extra copies with the application form.
- Ensure your full name is written on the back of each photograph.

My particulars are given in personal information.

PERSONAL INFORMATION.		
NAME OF APPLICANT (BLOCK LETTERS)		
FATHERS NAME:		SURNAME:
Date of Birth	Place of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Domicile (Candidate)	Date of Issue	Certificate No.
District of PRC (Candidate)	Date of Issue	Certificate No.
District of Domicile (Father/Mother)	Date of Issue	Certificate No.
C.N.I.C No.		
'B' Form No. (if C.N.I.C. is not available)		
Permanent Address		
Present Address		
Email Address		
Phone No.(Home)		Mobile No.
CONTACT IN EMERGIENCY		
Name of person:		
Relationship	Phone No. (Home)	Mobile No.
Address		
Date of Submission		Signature of Applicant

NOTE: Applications/option for UEAP/IEAP(Local) UEAP/IEAP Overseas and UDP for admission in MBBS/BDS will be received after displaying provisional merit list of district wise seats.

PARTICULARS OF FATHER		
Name		
Occupation	Designation	
Department / Organization		
Office Address		
Office Phone	Mobile No.	
Annual Income	Religion	Nationality
District of Domicile	Date of Issue	Certificate
Signature of Father		

PARTICULARS OF GUARDIAN		
Name		
Occupation	Designation	
Department / Organization	Relationship	
Present address (Home)		
Phone #	Mobile No.	
Annual Income	Religion	Nationality
District of Domicile (Sindh)	Date of Issue	Certificate
Signature of Guardian		

ACADEMIC QUALIFICATION							
Name of Examination	Matric Science / O Level			Inter Science / A Level			
Seat No.							
Passing Year							
Name of Board							
Total Marks Obtained							
Division / Grade							
Annual / Supp:							
Marks / Grade Obtained in Science Subjects in Intermediate / A Level Examination	Physics		Chemistry		Biology		Total out of 600
	P-1(100)	P-II(100)	P-1(100)	P-II(100)	P-1(100)	P-II(100)	
Date	Signature of Applicant			Signature of Principal with seal			

OPTION FOR ADMISSION IN THE MEDICAL INSTITUTIONS

If I selected on open merit basis I hereby give my priority wise option for admission in the following Medical Colleges/Institution in Sindh and Punjab against Merit Cum Choice seats from the list given below

Liaquat University of Medical & Health Sciences Jamshoro.
 Dow Medical College (DMC), Karachi
 Sindh Medical College (SMC), Karachi
 Peoples Medical College (PMC), Nawabshah (only for Girls)
 Fatima Jinnah Medical College (FJMC), Lahore (only for Girls)

1

2

3

4

5

6

Note:- This option once exercised shall be considered as final. The University and affiliated colleges shall however consider this option only according to merit as per rules laid down in the admission policy.

Signature of Father / Guardian

Signature of the Applicant

FOR HAFIZ-E-QURAN CANDIDATE.

Name

Father's Name

Name of Institution / Madarsah

Enrolment No:

Certificate No.

Date of Issue

Marks

Grade

Signature of Applicant

Signature & Seal of Muallam of Madarsa

FOR DISABLE CANDIDATES.

Nature of Disability

Disability Certificate No.

Date of issue

Name of issuing authority

IMPORTANT NOTE FOR CANDIDATE

- Incomplete application forms including those with short documents shall not be entertained and will be rejected.
- All candidates are advised to submit his / her application form and required documents in a decent file cover to avoid any misplacement / displacement of documents.

CERTIFICATE FROM PRINCIPAL OF THE COLLEGE LAST ATTENDED

By the Principal of _____ College _____ this is to certify that Mr./Miss. _____ Son/Daughter of _____ was a student of this college having been admitted into _____ class from _____ to _____. The following are the particulars of the student in accordance with the official record maintained in the office of this college.

Name with Father's name

Permanent Home Address (Village, Taluka and District)

Intermediate (Pre-Medical) Examination of Board / University

Date of Passing

Seat No.

Enrolment No.

Subject	Part-I (100)	Part-II (100)	Total
Physics			
Chemistry			
Biology			
TOTAL			

Whether received any punishment during the time he/she was student of the college, if so, give details.

Particulars

It is further certified that during his / her period of stay in this college, his / her work, conduct and character was _____

Place

Date

SIGNATURE OF THE PRINCIPAL WITH SEAL

FILL ALL BOXES WITH YOUR PRESENT ADDRESS

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	

Name		Father's Name	
Present address			
Tel No.	Mobile No.	Postal Code No.	