

**APPLICATION FORM**  
**FOR REGISTRATION/RENEWAL AS REGISTERED GRADUATE**

The Registrar,  
Liaquat University of Medical & Health Sciences,  
Jamshoro.

TWO PASSPORT  
SIZE  
PHOTOGRAPHS

*Dear Sir,*

It is stated that I have passed MBBS/BDS Examination from LMC/LUMHS/any other Medical College/University in the Year \_\_\_\_\_. You are therefore requested that my name may kindly be entered in the Register of Registered Graduates as required, under the provisions of Clause-30(1)(d) to be read with 2 (r) of the University Ordinance 2000.

**MY PARTICULAR ARE AS UNDER (BLOCK LETTER OR PRINT)**

1. Name: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Present (Residential Address): \_\_\_\_\_  
\_\_\_\_\_
4. Graduation In: \_\_\_\_\_
5. Name Of The College/University: \_\_\_\_\_
6. Year of Graduation: \_\_\_\_\_
7. Annual/Supplementary: \_\_\_\_\_
8. Seat No. \_\_\_\_\_
9. Present Employment: \_\_\_\_\_
10. Name/Address of Employer: \_\_\_\_\_
11. Life Membership/Ordinary Member: \_\_\_\_\_
12. Mobile Number: \_\_\_\_\_
13. Registration Fee:
  - Rs.50/- For First Registration
  - Rs.50/- For Yearly Renewal
  - Rs.2000/- For Life Membership

Is sent herewith vide P.O/D.D No. \_\_\_\_\_ Dated \_\_\_\_\_

Yours Faithfully,

(Signature of Applicant)

Place \_\_\_\_\_

Dated \_\_\_\_\_

**Please attach the following:**

1. Attested copy of the Pass Certificate/Degree.
2. Attested copy of CNIC.
3. Attested copy of Pakistan Medical & Dental Council card.
4. In the case the applicant is a MBBS/BDS graduate of the University other than LMC/LUMHS, a certificate of residence to the effect that he/she resides within the territorial jurisdiction of the University.

**CERTIFICATE**

Certified that the application has been signed by the applicant in my presence and that he/she is personally known to me or has been identified by Dr. \_\_\_\_\_ who is personally known to me.

\_\_\_\_\_  
Signature & Seal of  
The Attesting Officer (BPS-17 or above)