



LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES, JAMSHORO
APPLICATION FORM

FOR ADMISSION TO
Ph.D Haematology, Ph.D Oral Pathology, Ph.D Pharmacology
AT POSTGRADUATE MEDICAL CENTRE LUMHS JAMSHORO
ACADEMIC SESSION 2019

Photograph

Course / Program Applied For

Please complete all sections of the form, incomplete application forms will not be accepted. Write in CAPITAL & use black ink. Attach all attested photocopies of the relevant documents.

Fee Paid (PKR): 3500/-Name of Bank:

Challan / Draft / Pay Order No. Dated:

PERSONAL INFORMATION

First Name: Last Name: Marital Status:

Father's Name/ Husband's Name:

Status (Private or In-service candidate):

Name of employer/ organization:
(For in-service candidate only)

Present Posting / Position:

Address: (Present)

(Permanent)

Telephone no(s): office: Residence:

Mobile: E-mail:

Date of Birth: Blood Group:

Nationality: Domicile: Religion:

Computerized National Identity Card (CNIC) No.

PMDC Registration No: Valid up to:

Passport No: Country:
(For foreign applicants only)

Candidate's Signature

REFERENCES:

Please provide two academic and one work experience (if applicable).

REFERENCE-I (ACADEMICS)	
Name:	
Position:	
Address:	
E-mail:	
Contact Residence:	Mobile:

- Could we contact to your referee please?

REFERENCE-II (ACADEMICS)	
Name:	
Position:	
Address:	
E-mail:	
Contact Residence:	Mobile:

(Yes) _____ (No). _____

REFERENCE-III (WORK)	
Name:	
Position:	
Address:	
E-mail:	
Contact Residence:	Mobile:

- Could we contact to your referee please?

(Yes) _____ (No). _____

DECLARATION

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE BY ALL THE RULES & REGULATIONS OF POST GRADUATE MEDICAL CENTRE LUMHS, JAMSHORO AND ANY CHANGES IF MADE BY THE UNIVERSITY AUTHORITIES WITHOUT PRIOR NOTICE.

Note: Local candidates has to pay PKR-100000/- per annum & foreign national candidates have to pay USD-10,000 per annum (if selected for desired course applied by the candidate)

Date _____

CANDIDATE'S SIGNATURE



ADMIT SLIP (OFFICE COPY)

FOR ADMISSION TO
Ph.D Haematology, Ph.D Oral Pathology, Ph.D Bio-Chemistry, Ph.D Pharmacology
AT POSTGRADUATE MEDICAL CENTRE LUMHS JAMSHORO
ACADEMIC SESSION 2019

Photograph

Seat No.		Courses:	
Date:		Venue	PGMC, LUMHS, Jamshoro
Time		Mobile No:	

Name: _____

S/O,D/O,W/O: _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal



ADMIT SLIP (STUDENT COPY)

FOR ADMISSION TO
PhD Haematology, Ph.D Oral Pathology, Ph.D Bio-Chemistry, Ph.D Pharmacology
AT POSTGRADUATE MEDICAL CENTRE LUMHS JAMSHORO
ACADEMIC SESSION 2019

Photograph

Seat No.		Courses:	
Date:		Venue	PGMC, LUMHS, Jamshoro
Time		MobileNo:	

Name: _____

S/O,D/O,W/O: _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal

CHECK LIST OF THE REQUIRED DOCUMENTS:

- 1. Four passport size recent photographs. (Yes)_____ (No)_____
- 2. M.Phil Degree or equivalent qualification. (Yes)_____ (No)_____
- 3. Equivalence Certificate from Higher Education Commission/
Pakistan Medical & Dental Council (PMDC). (Yes)_____ (No)_____
- 4. A Research Proposal (Maximum 250 words). (Yes)_____ (No)_____
- 5. GRE subject test certificate with 60% percentile score/ GAT
subject test with 60% marks. (Yes)_____ (No)_____
- 6. Publications (s) (if any). (Yes)_____ (No)_____
- 7. MBBS/BDS Degree. (Yes)_____ (No)_____
- 8. Valid PMDC registration certificate. (Yes)_____ (No)_____
- 9. House Job Certificate. (Yes)_____ (No)_____
- 10.Consolidated or separate marks sheets of all professionals
degree/examinations. (Yes)_____ (No)_____
- 11.Matriculation Pass Certificate. (Yes)_____ (No)_____
- 12.Computerized National Identity Card (CNIC). (Yes)_____ (No)_____
- 13.Domicile Certificate. (Yes)_____ (No)_____
- 14.Certificate of any other qualifications. (Yes)_____ (No)_____
- 15.Certificate of present posting/employment. (Yes)_____ (No)_____
- 16.N.O.C from the Employer for in-service candidates). (Yes)_____ (No)_____
- 17.IELTS band 6.5 (6 band in each module) for foreign national
candidates. (Yes)_____ (No)_____

Note: Admission will be processed as per HEC policies. For details please visit HEC website <http://hec.gov.pk>. Those candidates who provide subject GRE test with 60% percentile score/ GAT subject test with 60% marks will be exempted from the internal Ph.D subject test which will be conducted on **13.03.2018** by the University. No T.A/ D.A will be provided for taking the test/interview. The University possesses the right to change the admission policies/ rules and regulations without prior intimation.

Date: _____

(Signature of candidate)

FOR OFFICE USE ONLY

Receipt No: _____ Seat No: _____

Documents: Complete / Incomplete _____ Eligible: _____ Not Eligible: _____

(SIGNATURE OF DIRECTOR)

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

Name: _____

Address: _____

City: _____

Country: _____

Phone No. _____

FOR OFFICE USE/ POSTGRADUATE MEDICAL CENTRE

CHECK LIST OF THE REQUIRED DOCUMENTS:

- | | |
|---|----------------------|
| 1. Four passport size recent photographs. | (Yes)_____ (No)_____ |
| 2. M.Phil Degree or equivalent qualification. | (Yes)_____ (No)_____ |
| 3. Equivalence Certificate from Higher Education Commission/
Pakistan Medical & Dental Council (PMDC). | (Yes)_____ (No)_____ |
| 4. A Research Proposal (Maximum 250 words). | (Yes)_____ (No)_____ |
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subject test with 60% marks. | (Yes)_____ (No)_____ |
| 6. Publications (s) (if any). | (Yes)_____ (No)_____ |
| 7. MBBS/BDS Degree. | (Yes)_____ (No)_____ |
| 8. Valid PMDC registration certificate. | (Yes)_____ (No)_____ |
| 9. House Job Certificate. | (Yes)_____ (No)_____ |
| 10.Consolidated or separate marks sheets of all professionals
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| 17.IELTS band 6.5 (6 band in each module) for foreign national
candidates. | (Yes)_____ (No)_____ |

Date: _____

Verification by: _____

FOR OFFICE USE ONLY

Receipt No: _____ Seat No: _____

Documents: Complete / Incomplete _____ Eligible: _____ Not Eligible: _____

(SIGNATURE OF DIRECTOR)