LIAQUAT UNIVERSITY



OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN

URL: <u>www.lumhs.edu.pk</u>E-mail: dmelumhs@lumhs.edu.pk Telephone # 92-22-9213373 Paste a Passport Size Picture Here

Master's in Health Professions Education (MHPE)

ADMISSION FORM

Form No (Office Use	e only)						
Date of Submission Form:	_//						
Note: 1. Please read the instruction filling this form:	ns given in the adm	nission polic	cy in the j	prospectus and o	at the back of this a	application form	before
2. Fill the form in Capital Le	tters.						
Name:		Father	r's Name_				
Date of birth (dd/mm/yy):/_	/		G	ender: M 🔲 I	7		
Domicile:Nationality:		Λ					
Mailing Address:							
Permanent Address:							
Phone (Res): Cell #:							
Name of Institutions	AC City, Country	Dates Ro		FICATIONS	Marks Obtained	Total Marks	%
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		Emplo	oyment I	Record			
Name of Institutions	Name of Institutions Major Responsibilities		Position		Dates Employed		

IMPORTANT NOTE / INSTRUCTIONS

Applicants must attach with application form attested Photostat copies of the below mentioned Certificates and documents in the following

sequence. The documents & certificates must be attested by Gazetted Officer/ The stamp of the officer must bear full name, designation, and current place of duty. Note: Check $(\sqrt{\ })$ the relevant box for the attached documents. Three Passport Size Pictures Copy of Final Degree Valid Faculty Registration Copy of valid CNIC Copy of any relevant experience certificates Copy of professional Resume NOC From HOD / Chairperson Foreign students must submit copy of Passport Use additional page if required. All applicants must appropriately fill and sign the admission form. Incomplete/not properly filled form in any respect will be rejected. Avoid rewriting/cutting, while filling the form. Applications should reach Directorate of Medical Education – LUMHS on or before the closing date and time. Applications received after the due date and time will not be entertained for admission. Application forms with any false statement by the candidate will be rejected If any certificate submitted by the candidate is found false, or forged during his/her study period his/her admission shall be cancelled forthwith and he/she shall be blacklisted for admission. **DECLARATION** Certified that the facts produced are correct to the best of my knowledge. Signature of the Applicant:_____ For office Use only Remarks / Requirements Receipt No. _____ Dated: ____ Checked by Office Assistant:____ Received App. Form No._____ Bank receipt No. ____ Amount deposited: ____ Dated: __/__/__ Checked by Office Assistant: Directorate of Medical Education Liaquat University of Medical & Health Sciences, Jamshoro