



DIRECTORATE OF
MEDICAL EDUCATION

LIAQUAT UNIVERSITY

OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH – PAKISTAN

URL: www.lumhs.edu.pk E-mail: dmelumhs@lumhs.edu.pk

Telephone # 92-22-9213373

Paste a Passport
Size Picture Here

Master's in Health Professions Education

ADMISSION FORM

Form No. _____ (Office Use only)
Date of Submission Form: ____/____/____

- Note:
- Please read the instructions given in the admission policy in the prospectus and at the back of this application form before filling this form:
 - Fill the form in Capital Letters.

Name: _____ Father's Name _____
Date of birth (dd/mm/yy): ____/____/____ Gender: M ☐ F ☐
Domicile: _____ Nationality: _____ NIC:

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Mailing Address: _____

Permanent Address: _____

Phone (Res): _____ Cell : _____ Email: _____ Passport #: _____ PMDC. NO: _____

ACADEMIC QUALIFICATIONS							
Name of Institutions	City, Country	Dates Received		Degree Received	Marks Obtained	Total Marks	%
Employment Record							
Name of Institutions	Major Responsibilities		Position		Dates Employed		

IMPORTANT NOTE / INSTRUCTIONS

Applicants must attach with application form the following 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 (✓) 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 Registrar
- ☐ Foreign students must submit copy of Passport
- ☐ Use additional page if required.

1. 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.
2. 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.
3. Application forms with any **false statement** by the candidate will be rejected
4. 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.
5. Please deposit registration fee. **Title. Director Medical Education Account.No 00727901891103(HBL)**

DECLARATION

Certified that the facts produced are correct to the best of my knowledge.

Signature of the Applicant: _____

For office Use only

<u>Remarks / Requirements</u>

Receipt No. _____ Dated: _____

Checked by Office Assistant: _____

Received App. Form No. _____ Bank receipt No. _____ Amount deposited: _____ Dated: ____/____/____

Checked by Office Assistant: _____