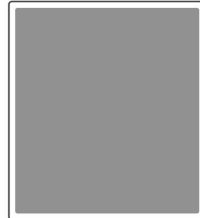




**LIAQUAT UNIVERSITY
OF MEDICAL & HEALTH SCIENCES**
JAMSHORO - SINDH - PAKISTAN



BATCH

☐ MBBS

☐ BDS

☐ DPT

☐ PG

☐

FULL NAME

FATHER'S NAME

ADDRESS

DATE OF BIRTH

GENDER

☐ MALE

☐ FEMALE

NIC (NEW)

EXAMINATION

FINAL PROF. (MBBS/BDS)

POST GRADUATION

DPT

YEAR

ANNUAL/BI-ANNUAL

POSITION

DISTINCTIONS

EMAIL ADDRESS

OFFICE/RESIDENTIAL NUMBER

CELL NUMBER

CANDIDATE'S
INFORMATION

ACADEMIC
INFORMATION

FUTURE
PLANS

NOTE: EACH FORM IS TO BE ACCOMPANIED WITH 3 COLORED PHOTOGRAPHS. (TWO PASSPORT SIZED and ONE 1"x1". GRADUATES COMPETING FOR MEDALS AND AWARDS SHOULD SUBMIT ATTESTED PHOTOCOPIES OF THEIR RESPECTIVE MARKS SHEETS.

DATE

SIGNATURE