

**KHYBER GIRLS MEDICAL COLLEGE, PESHAWAR**

**APPLICATION FOR ADMISSION TO M.PHIL / DMJ**

Picture

Serial No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Study in which admission is sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

Name (in capital letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name/ Husband’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C.N.I.C No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PMDC Registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Place of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any distinction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relevant Education Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Examination/**  **Qualification** | **Roll No** | **Year of Passing** | **University/College** | **Marks Obtained** | **Total Marks** | **Grade/ Division** | **%age of Marks Obtained** |
| **MBBS** |  |  |  |  |  |  |  |
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**Academic Record**

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|  | **Roll No** | **Year of passing** | **Institute** | **Marks Obtained** | **Total Marks** | **%age of Marks Obtained** | **Number of Attempts** |
| **S.S.C or Equivalent** |  |  |  |  |  |  |  |
| **F.S.C or Equivalent** |  |  |  |  |  |  |  |
| **1st Professional MBBS** |  |  |  |  |  |  |  |
| **2nd Professional MBBS** |  |  |  |  |  |  |  |
| **3rd Professional MBBS** |  |  |  |  |  |  |  |
| **4th Professional MBBS** |  |  |  |  |  |  |  |
| **Total Marks in all 4 Professional Examinations** |  |  |  |  |  |  |  |
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\*Teaching experience in relevant discipline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Relevant Research experience and publicatio­­­­­­­­­­­­­­­­­­­­­­­s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* List of workshops / courses attended

\*(attach extra sheet if necessary)

**Employment Record Starting from House Job (attach extra sheet if necessary):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of Institute/Organization** | **Period** | | **Designation** | **BPS** | **Job Description (teaching/ Research/ Admn)** | **Nature of Job (Permanent/**  **Temporary)** |
| **From** | **To** |
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I certify that the particulars given above are correct. I pledge to abide by the rules and regulations.

Date: \_\_\_\_\_/\_\_\_\_\_/2018 Applicant Signature:

**REMARKS: (To be field by office only)**

Area of study in which admission is granted: Member 1 Member 2 Member 3

Associate Dean

Post Graduate Medical Education Department

Received Rs. 2000/- Vide Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date.\_\_\_\_\_/\_\_\_\_\_/2018

Accountant:

**CHECK LIST**

**I HAVE ATTACHED ATTESTED PHOTOCOPIES OF THE FOLLOWING DOCUMENTS:**

* + C.N.I.C
  + Domicile Certificate
  + MBBS Degree
  + Academic Certificate
  + PMDC registration Certificate
  + Experience Certificates
  + 03 Passport size recent Photographs (Attested on the back)
  + Certificates of honors
  + Affidavit (in original) on judicial stamp paper on prescribed manner.
  + Certificates of workshops/course attended
  + Published articles
  + House Job Certificates

***ELIGIBILITY***

1. MBBS from an institution recognized by PM&DC with valid registration.
2. The candidates must have completed house job at institution approved by PM&DC.

***IMPORTANT***

1. The application must reach the office of Associate Dean Post Graduate Medical Education within 20 days after publication of the advertisement.
2. The application form can also be downloaded from our College website [www.kgmc.edu.pk](http://www.kgmc.edu.pk). The application form fee will be deposited at the time of submitting application form.
3. Application form fee is Rs. 2000/- and is non-refundable.
4. Incomplete form or application received after due date will not be entertained.
5. Candidates must appear in an entry test conducted by the relevant department
6. Candidates possessing experience in the relevant field will be preferred.
7. Candidates employed in any Government or Semi-Government/ Private Institution/Organization should apply through proper channel and should also send an advance copy of application along with the relevant documents.
8. Candidates employed in any Government or Semi-Government /Private Institution/Organization, must submit NOC from the concerned Institution/Organization within 30 days after initial selection failing which the selection will be deemed to have lapsed.
9. It is further emphasized that as this Post Graduate qualification is a full time task, the selected candidates must get leave/deputation from the concerned institution within two months, otherwise the admission will be cancelled.
10. The selection of the candidates by the Postgraduate Medical Education Committee shall be final.
11. Original documents will be presented in person for verification during the interview.
12. College reserves the right to withdraw the offer of admission in any discipline without mentioning any reason and without notice.
13. No TA/DA shall be admissible for test/interview.

Khyber Girls Medical College,

P.D.A Building, Block # IV, Phase-V, Hayatabad, Peshawar

Office Telephone: 091-9217684-98 Fax: 9217702, (Extension 117) Website: www.kgmc.edu.pk