

**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: \_\_\_\_\_/\_\_\_\_\_/2020 Applicant Signature:

**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
	+