



SESSION SEPTEMBER - 2023

APPLICATION FORM

FOR POSTGRADUATE COURSE
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN
SHAHEED BENAZIR ABAD,
SINDH-PAKISTAN

S.No. _____

PERSONAL BIO DATA

To,
The Registrar,
PUMHSW, Shaheed Benazir Abad

Passport Size
Photograph

NAME OF APPLICANT _____

FATHER'S/HUSBAND'S NAME _____

PRESENT POSITION _____

PRIVATE/IN-SERVICE CANDIDATE _____

NAME OF EMPLOYER ORGANIZATION _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

TELEPHONE NO: _____ CELL # _____ D.O.B

D	M	Y

NATIONALITY _____

DOMICILE _____ Email _____

C.N.I.C. NO: _____

PASSPORT NO: _____

COURSE APPLIED FOR _____

Erstwhile PM&DC REG: NO. _____

Current Pakistan Medical Commission (PMC)



SESSION SEPTEMBER - 2023

ACADEMIC RECORD

YEAR OF GRADUATION

INSTITUTE OF GRADUATION

EXAMINATIONS PASSED	YEAR	NO. OF ATTEMPTS	MARKS OBTAINED
1st PROF.			
2nd PROF.			
3rd PROF.			
FINAL PROF.			
ANY OTHER QUALIFICATIONS			

RECORD OF EXPERIENCE

NATURE OF JOB	DURATION	SPECIALTY	INSTITUTION
1. House Job			
2. ALL JOBS IN CHRONOLOGICAL ORDER			
3. COURSES ATTENDED			
4. RURAL SERVICE (if any)			

I solemnly declare that the information furnished in this application form is correct to the best of my knowledge. I further declare that I shall abide by all the rules & regulations of Postgraduate Education Committee of Peoples University of Medical & Health Sciences, Nawabshah.

Dated _____

(Signature of Candidate)

CHECK LIST OF DOCUMENTS TO BE ATTACHED

Name of Course: - _____ / _____.

Form No. _____

FOLLOWING ALL ATTESTED DOCUMENTS ARE TO BE ATTACHED WITH THE APPLICATION FORM

- | | |
|---|--|
| 1. Latest Four Passport Size Photographs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. MBBS Degree Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Consolidated/Separate mark sheets of all examinations passed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Valid PM&DC Registration Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. House Job Certificate(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any other Qualification. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Original Bank Challan No: _____ Dated: _____. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ M.D / M.S Part-I Examination + Prospectus & Curriculum Fee _____ Rs. 19,500/- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ M.D / M.S Part-I Examination + Prospectus & Curriculum with Late Fee _____ Rs. 20,000/- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ FCPS Part-II + Prospectus Fee _____ Rs. 7,500/- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ➤ FCPS-II + Prospectus with Late Fee _____ Rs. 8000/- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Matriculation Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Intermediate Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Domicile & CNIC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. List of Short Documents | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Any Remarks: _____

(To be filled by office of PGMC PUMHSW SBA).

Signature: _____.



**POSTGRADUATE MEDICAL CENTER
PUMHS, NAWABSHAH**

For Candidate

**ADMIT CARD
FOR ENTRY TEST / EXAM**

CENTRE: PUMHS, NAWABSHAH.

Seat No.

Name	
S/o, D/o, W/o	
Course applied for	
Govt. / Pvt.	

CONTROLLER OF EXAMINATIONS (PGS)
Peoples University of Medical & Health Sciences.
Nawabshah (SBA).

DIRECTOR POSTGRADUATE MEDICAL CENTER
Peoples University of Medical & Health Sciences.
Nawabshah (SBA).



**POSTGRADUATE MEDICAL CENTER
PUMHS, NAWABSHAH**

Office Copy

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