



# APPLICATION FORM

FOR POSTGRADUATE COURSE 20 20  
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN  
SHAHEED BENAZIR ABAD,  
SINDH-PAKISTAN

S.No. \_\_\_\_\_

## PERSONAL BIO DATA

To,  
The Registrar,  
PUMHSW, S.B.A

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

NATIONALITY

DOMICILE  Email

C.N.I.C. NO:

PASSPORT NO:

COURSE APPLIED FOR

P.M.D.C. REGISTRATION NO:



## 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)