



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
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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)