



SESSION
2021

APPLICATION FORM

FOR POSTGRADUATE COURSE 2021
PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN
NAWABSHAH, SHAHEED BENAZIR ABAD,
SINDH-PAKISTAN

S.No. _____

PERSONAL BIO DATA

Passport Size
Photograph

To,
The Registrar,
PUMHS, Nawabshah, S.B.A

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 # AGE

NATIONALITY

DOMICILE Email

C.N.I.C. NO:

PASSPORT NO:

COURSE APPLIED FOR

P.M.D.C. REGISTRATION NO:



**SESSION
2021**

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			
Passed Part-I MS/MD/FCPS			

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)