

PUNJAB MEDICAL FACULTY

Registration Form

Paste one passport size
photograph
without attestation



Official Use for Diary Section

PMF Diary No. _____

Date _____

Name of Institute:

Training Session:

Category:

PERSONAL DETAILS

Name

نام (اردو میں)

Father's Name

ولدیت (اردو میں)

NIC/ Form-B #

 - -

Date of Birth

 - -

CONTACT DETAILS

Residential Address:

ایڈریس (اردو میں)

District _____

Domicile _____

Contact No. _____

QUALIFICATION DETAILS

Obtained Marks in Matric/ FSc (Pre-Medical)

out Of

Overall %

Obtained Marks in: Physics

Chemistry

Biology

Science Subjects %

Signature & Official Stamp of Head of Institution

Important Note:- Attach the following documents of candidate with the form:

1. Attested copy of NIC/ Form-B
2. Copy of Matric/ FSc certificate
3. Attested copy of domicile
4. One passport size photograph **without any attestation**
5. Registration Fee @ **Rs. 650/- per student** in shape of Bank Draft in the name of Secretary, Punjab Medical Faculty, Lahore.

Incomplete form will be not accepted.

- Instructions:-**
- a. Postal/ Residential address of the candidate should be written clearly so that in future Roll Number Slip, Result Card and Diploma can be sent on it.
 - b. Overwriting or cutting will not be accepted.

FOR OFFICIAL USE OF PUNJAB MEDICAL FACULTY

Accounts Branch
Receipt No. _____ Dated _____
Rs. _____ Bank Draft/ Pay Order
No. _____
Accountant Signature: _____

Scrutiny Committee (Part-I)		
<input type="checkbox"/> Original documents verified	<input type="checkbox"/>	
<input type="checkbox"/> No objection found	<input type="checkbox"/>	
Signature: Member _____	Convener _____	Date: _____
(Part-II)		
In case any objection is pointed out: <input type="checkbox"/>		
<u>OBJECTION</u>	<u>Communication Date</u>	<u>Response Received</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<input type="checkbox"/> Objection removed	<input type="checkbox"/>	
Signature: Member _____	Convener _____	Date: _____

Data Entry	
Signature of Computer Opt. _____	Date: _____