

# 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. Bank Draft of Reg. Fee 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**

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

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

<b>Data Entry</b>	
Signature of Computer Opt. _____	Date: _____