

For Government Employees (Deputation)

CHECK LIST

POSTGRADUATE MEDICAL INSTITUTE, LAHORE

Course Applied For (Deputation) _____ Academic Year : 2020

Name of Candidate _____ S/O, D/O _____

Sr. No. _____ Diary No. _____ Dated _____

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

☛ **Make sure** that you have attached the following attested documents sequence wise with your Application, otherwise your application will not be entertained for admission:-

1. Copy of Matric/ FSc/M.B.B.S/ B.D.S/ MD Degree
2. Attempt Certificate from the Principal of the College Stating the number of attempts and marks obtained in each Profession examination of M.B.B.S/ B.D.S.
3. House Job Certificate with exact dates from the concerned Medical Superintendent. Testimonial of House Job from the Professor and Head of the Department is also required.
4. Attach the Result Card of Entry Test conducted by UHS. (Mandatory)
5. Service certificates (Relevant Exp. Certificates as M.O/ Registrar/ Demonstrator etc.) from the Medical Superintendent. Testimonial from the Professor and Head of the Department is also required.
6. Rural areas/ Army service certificates from the concerned Director Health Services/ competent Authority.
7. Valid PM&DC Registration Certificate & Copy of the Domicile & National Identity Card.
8. Please check that you have pasted attested 01 Photograph on the Admission Form.
9. For Punjab Government employees will submit a recommendation letter/(NOC) from the Head of the Institution / Hospital for admission at PGMI, Lahore.
10. Staple the Original Receipt of the Online transaction of Rs.1000/- in favour of the Principal, PGMI, Lahore (A/C No. **6510042876300022** Bank of the Punjab, Jail Road, Lahore Branch Code: 0213) on the front page of application.

Received By

Signature of the Candidate

Checked By

CHECK LIST (Deputation)

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POST GRADUATE MEDICAL INSTITUTE,

6- ABDUL REHMAN CHAUGHTAI ROAD, LAHORE

042-99202089 - 042-99202096

Web: pgmipunjab.edu.pk

E-mail: admission@pgmipunjab.edu.pk

Paste
Attested
Photograph



ADMISSION FORM

(FOR EMPLOYEES OF PUNJAB GOVT. APPLYING FOR ADMISSION ON DEPUTATION)

(ACADEMIC YEAR: 2020)

NOTE: One application will be considered for only one course.

Course applied for \rightleftarrows

(If applied in other courses) Name of course:

1. _____ 2. _____

1. Name (Block Letters)

2. Father's Name

3. C.N.I.C. No.

4. Date of Birth

5. District of Domicile

6. Present Address

Tel/ Mobile. _____

Tel. / Mobile in Lahore _____

7. Permanent Address

Tehsil: _____ Dist: _____

E-mail _____

8. Details of Online Transaction

Amount Paid Rs. _____

Receipt No. _____

9. **Qualification:**

a) Tick the relevant

MBBS	BDS	MD	
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Name of Medical/ Dental College

Country:

b). Postgraduate qualification if any

Name of Institution Country

10. **PMDC Registration:**
11 **Entry Test Marks obtained.**

Valid Up-to _____

12. Particulars of MBBS/BDS Marks

TITLE OF QUALIFICATION	Obtained Marks	Max. Marks	ATTEMPT	Conversion Formula for Academic Marks
Ist Prof. (Part-I)				%age of Total obtained Marks $X/Y \times 100 = Z$ $Z = \underline{\hspace{2cm}}$ For Foreign Graduates: Z=80% of the aggregate score. No first attempt marks will be added to Foreign Students.
Ist Prof. (Part-II)				
II Professional				
III Professional				
Final Professional				
Grand Total	Total obtained Marks X =	Total Marks Y =		
Marks Obtained out of 25				

13. Particulars of the House Job:

Specialty	Place	From	To	Duration

Total duration of the House Job = Years _____ Months _____

Last Date of completion of House Job: _____

Duration between last date of House Job completion and the Joining date: _____ = _____

14. Particulars of the Experience as after House Job.

Demonstrator/ Registrar/ MO/ RMO/ Dental Surgeon in the relative discipline

Specialty & Place	Designation	From	To	Duration

15. **Experience of Government Service:** Selectee of PSC / Regularized

i. No. & Date of Ist Regular / Offer letter: (Attach certificate)

ii. No. & Date of Ist Joining letter: (Attach certificate)

iii. First Place of Posting: _____

iv. Present Place of Posting: _____

Total duration of Govt. service Experience _____ Year _____ Months _____

16. **Rural area Service (BHU, RHC & THQ)** From _____ To _____ Duration: _____
Duration _____ Year _____ Month _____

(Experience Certificates must be issued by the Punjab Health Department/ District Govt. along with Ist Appointment Orders and Joining letter)

17. **Previous Deputation availed:**

a. Course Name _____

b. Duration From _____ To _____ Duration _____

c. Institution / Place _____

DECLARATION

I hereby declare that the above particulars are correct in every respect, have not concealed anything and have not submitted any fake/ illegal document otherwise my admission will be liable to be cancelled. I agree to appear in the Entrance Examination and interview for admission in the course. I shall follow the rules and regulations regarding examinations and duration of course notified by UHS during the course of studies. I hereby agree/ understand that any reservation / objection regarding the merit list will not be entertained after seven days of display of the merit list.

Dated: _____

Signature of the Candidate: _____