**APPLICATION FORM**

**Certificate in Family Medicine**

Photograph

Name …………………………………………. S/D/W ……………………………….

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CNIC No.

Age …………………… Gender: Male Female

Temporary Address ………………………………………………………………………………………………………………

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Permanent Address ………………………………………………………………………………………………………………

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Email ………………………………………. Contact # ……………………………………

**Current Working Details**

1. Position held ………………………………………………………………………………………………………
2. Institution ………………………………………………………………………………………………………
3. Experience ………………………………………………………………………………………………………

PM&DC Reg. No. ……………………………………………. Date of Expiry

**Professional Qualifications**

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| --- | --- | --- | --- | --- |
| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Grade / Division** |
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**Objectives for enrollment in this program**

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Signature of Candidate Date: - ………………….

**CHECKLIST FOR APPLICATION**

1. Copy of CNIC.
2. Domicile
3. Two passport size Photographs with blue/white background.
4. Valid PMDC certificate.
5. Fee (bank draft in the favor of Vice Chancellor, RMU)
6. Application is duly signed and all columns are filled.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rmu logo Rizwan | **Rawalpindi Medical University Rawalpindi** | |  | Roll No: \_\_\_\_\_\_\_ | |
|  |  |  |  | (Office use only) | |
|  |  |  |  |  |
|  | **ADMITTANCE CARD**  **(FOR CANDIDATE)** | |  |  |  |
| Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Please Paste |  |
| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | photograph here |  |
| Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | attested from Back |  |
|  | side (3X3 cm) |  |
| Subjects / Specialty in which to be examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | with blue background |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
| **Controller of Examinations** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited inthe Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Candidate**

**……………………………………………………………………………………………………………………………………………………**

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| --- | --- | --- | --- | --- | --- |
| Rmu logo Rizwan | **Rawalpindi Medical University Rawalpindi** | |  | Roll No: \_\_\_\_\_\_\_ | |
|  |  |  |  | (Office use only) | |
|  |  |  |  |  |
|  | **ADMITTANCE CARD**  **(FOR SUPERINTENDENT)** | |  |  |  |
| Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Please Paste |  |
| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | photograph here |  |
| Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | attested from Back |  |
|  | side (3X3 cm) |  |
| Subjects / Specialty in which to be examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
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| **Controller of Examinations** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Candidate**