

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 attested from front
5. Registration Fee @ **Rs. 500/- 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)

- Original documents verified
- No objection found

Signature: Member _____

Convener _____

Date: _____

(Part-II)

In case any objection is pointed out:

OBJECTION

Communication Date Response Received

1. _____
2. _____
3. _____
4. _____

Objection removed

Signature: Member _____

Convener _____

-

Date: _____

Data Entry

Signature of Computer Opt. _____

Date: _____