

FATIMA JINNAH MEDICAL UNIVERSITY LAHORE

Size Picture Here 9TH CERTIFICATE OF HEALTH PROFESSIONS EDUCATION

(06 Months Duration)

ADMISSION FORM

Paste a Passport

Form No (Office Use of Date of Submission Form:	• /				
Note: 1. Please read the instruction before filling this forms;			licy given at t	the back of this	application form
2. Fill the form in Capital Lette	ers.				
Name:		Fathe	r's Name		
Date of birth (dd/mm/yy):/	/Gende	r: M 🔲 F 📗 Do	omicile:	Nationality	<u>-</u>
CNIC: -		-			
Mailing Address:					
Permanent Address:					
PI	MDC/PMC (or a	ny regularity authority	or council)		
Phone (Res):	_ Cell #:		Email:		
In case of emergency please contact	t:				
Name:		Address:			
Phone:Cell:			Name of	Bank:	
Bank receipt/ Pay Order/ Bank Draj					
	Α	CADEMIC QUALIFI	CATIONS		
Name of Institutions	City, Country	Dates Received	Degree Received	Marks Obtained	Total Marks 9
		Employment Rec	ord		
Name of Institutions	Pos	ition/ Designation	Dates Employed		
-		. <u>-</u>		From To	

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IMPORTANT NOTE / INSTRUCTIONS

- Applicants must attached with application form the following attested Photostat copies of the below mentioned certificates and documents in the following sequence. The documents and certificates must be attested by Gazetted Officer. The stamp of the officer must bear full name, designation and current place of duty.
- Note: Check (v) the relevant box for the attached documents.
 - One passport size picture (should be glued/ pasted on admission form)
 - Copy of final degree
 - Copy of PMDC/PNC valid registration
 - Copy of valid CNIC
 - Copy of experience certificate
 - **NOC from respective Head of Department**
 - All Participants must appropriately fill and sign the admission form. Incomplete/not properly filled form in any respect will be rejected. Avoid rewriting/cutting, while filling the form.
 - Admission form should reach office of the Director DME-FJMU on or before the closing date and time. Admission form received after the due date and time will not be entertained for admission.
 - 3. Participant must study the Admission Policy of Fatima Jinnah Medical University.
 - Admission forms with any false statement by the candidate will be rejected 4.
 - If any certificate submitted by the candidate is found false, or forged during his/her study period his/her admission shall be cancelled forthwith and he/she shall be blacklisted for admission to any professional colleges/institutions in Punjab. Further legal action can be taken against the student under the existing criminal laws

Checked & Received by Dealing Assistant:

	detion can be taken against the stadent under the existing criminal laws.
6.	Last date of submission of application form is 25-11-2023.
	DECLARATION
Cer	tified that the facts produced are correct to the best of my knowledge.
	Signature of the Participant:
For	office Use only
F	emarks / Requirements
Red	eipt No Dated:
Che	cked by Member of Scrutiny Committee:
	Signature Chairman Scrutiny Committee:
vvv	**************************************
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Fatima Jinnah Medical University, Queens Road, Lahore. Pakistan website: www.fjmu.edu.pk

Received Admission Form No. _____ Bank receipt No. _____ Amount deposited: ____ Dated: __/__/_

Signature Dealing Assistant: