

3. Your Personal Contact

Present Posting

Designation

Address

Home	Correspondence (if different from home address)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contact Numbers (please include full country and area code)

Phone E-mail

Mobile Fax Number

4. Education

MBBS / BDS Academic Record

Professional Examinations	Institute / University	Year of Passing	Marks Obtained	Total Marks	Percentage of Marks	No. of Attempts
1 st Prof. Part-I						
1 st Prof. Part-II						
2 nd Prof.						
3 rd Prof.						
4 th Prof.						
Total						

Merit Score (For office use only)

5. Service / Experience Record

1. Date of first entry in Government Service through Punjab Public Service Commission (dd/mm/yy) NA
(Only for Govt. employees)

2. Final Professional Examination Result Declared on NA
(Only for candidate apply on private seat)

3. Have you availed deputation during last 03 years Yes No NA

4. Punjab Health Department File Number NA
(Only for the doctors (Punjab Govt.) apply on deputation seat)

6. Experience Excluding House Job (In Reverse Chronological Order)							
S.No.	Designation	Place of Work	Duration		Period Served		
			From	To	Years	Months	Days
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Duration							

Note: Total duration of the experience claimed should be correctly calculated by the candidate and supported by the relevant documents.

Merit Score (For office use)	
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7. Declaration
<p>I do hereby declare that all the above given particulars are correct to the best of my knowledge and belief that I have not concealed any information.</p> <p>Applicant's Signature _____ Date _____</p>

Please attach copies of only following attested documents in same sequence.
<ol style="list-style-type: none"> 1. Degree of MBBS/BDS/MD 2. Attempt Certificate for MBBS/BDS/MD including Marks obtained in all Professionals & No. of Attempts in each Professional. 3. All Professional Result Cards. 4. Matric & F.Sc Certificates 5. CNIC & Domicile 6. Entry Test Result (held on 29.12.2019) 7. Appointment letter of regular service into Govt. (Punjab Health Department). 8. Working Experience Certificate (both for Govt. and Private Candidates). 9. PM&DC / PMC Registration Certificate. 10. NOC from Health Department Govt. of the Punjab. 11. An affidavit on stamp paper worth Rs: 100/- for both Govt. and Private candidates. <ol style="list-style-type: none"> i. No enquiry is pending against him/her (Govt. Employee only) ii. He / She has not availed deputation during the last 3 years for attending an academic course. (Govt. Employee only). iii. He / She is not attending any other course for the same /overlapping academic year. (Both for Govt. & Private Candidates) iv. He / She is not involved in any political activities.

12. Original Bank Challan or Bank Draft of Rs.2000/- in favor of Institute of Public Health Lahore
(Bank Of Punjab A/C No. 6510046682100015).

13. Four passport size photographs.

Note:

- Any Govt. employee seeking admission as a private candidate shall have to submit his / her leave order / letter along with NOC from the Health Department / Concerned Department before starting of his/her respective course, failing which hi / her admission shall be cancelled. .

For Office Use Only	
Merit Score	
Criteria	Score
Marks obtained in MBBS/BDS/MD examinations	
Attempts in MBBS/BDS/MD examinations	
Experience	
Entry Test	
Total Score	

Eligible for admission	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, Specify	

Checked By:		Verified By:	
Name		Name	
Designation		Designation	
Signature		Signature	

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____

Registered

Name: _____

Father's Name: _____

Address: _____

Cell No. _____