



INDUS MEDICAL COLLEGE
Post Graduate Medical Centre
Tando Muhammad Khan



APPLICATION FORM

**POSTGRADUATE
COURSES / TRAINING PROGRAMS**

Academic Session

2023

INDUS MEDICAL COLLEGE, T. M. KHAN

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE COURSES ACADEMIC SESSION 2023



Sr.#

Photograph

Course / Program Applied For

Fee Paid (PKR) 3500/- Name of Bank:

Challan / Draft / Pay Order No.

Dated:

PERSONAL INFORMATION

Name:
(as written in Degree Certificate)

Marital Status:

Father's Name / Husbands Name:

Address: (Present)

Address: (Permanent)

Telephone No(s) Cell:

Residence:

Email:

Date of Birth:

Religion:

Nationality:

Domicile:

Blood Group:

Computerized National Identity Card (CNIC) No:

PMC Registration No:

Valid up to:

Passport No:
(For Foreign Applicants only)

Country:

Candidate's Signature

ACADEMIC RECORD / BACKGROUND:

DEGREE / QUALIFICATION	NAME OF COLLEGE / UNIVERSITY	YEAR OF PASSING	CGPA / GRADE	MAJOR SUBJECTS

RECORD OF JOB EXPERIENCE / EMPLOYMENT / RESIDENCY

NATURE OF JOB	DESCRIPTION / SPECIALTY	DURATION	INSTITUTION
1. House Job	a) b) c) d)		

(Attach additional sheet, if necessary)

PUBLICATIONS IN PMC RECOGNIZED JOURNALS OR INTERNATIONAL JOURNAL / PUBLISHED RESEARCH ARTICLES / PUBLICATIONS

S. R. NO	TITLE	NAME OF JOURNAL	ISSUED OF JOURNAL	IMPACT FACTOR

(Attach additional sheet, if necessary)

Please read and follow the instructions before filing the application form

a) Complete all the parts, incomplete / short documents forms will not be entertained.

b) Attached following attested Photocopies of relevant documents:

1. Four Passport Size Photographs.
2. MBBS
3. Valid PMC/PM&DC Registration Certificates
4. House Job Certificates
5. Domicile Certificate
6. Computerized National Identity Card (CNIC)
7. Copy of Original Challan Form
8. FCPS-I (Congratulations Letter)

DECLARATION

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED IN THIS APPLICATION FORM IS CORRECTED TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERTAKE THAT I SHALL ABIDE ALL THE RULES & REGULATIONS OF POST GRADUATE MEDICAL CENTER INDUS MEDICAL COLLEGE, TANDO MUHAMMAD KHAN AND ANY CHANGES MADE BY AUTHORITIES FROM TIME TO TIME WITHOUT PRIOR NOTICE.

Date _____

Candidate's Signature



INDUS MEDICAL COLLEGE, T. M. KHAN

ADMIT SLIP (STUDENT COPY)
FOR ADMISSION TO
POSTGRADUATE COURSES
ACADEMIC SESSION 2023

Photograph

Seat No.		Course:	
Date:		Venue:	PGMC, IMC, T. M. Khan
Time:		Mobile No:	

Name: _____

S/O, D/O, W/O. _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal



INDUS MEDICAL COLLEGE, T. M. KHAN

ADMIT SLIP (OFFICE COPY)
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Photograph

Seat No.		Course:	
Date:		Venue:	PGMC, IMC, T. M. Khan
Time:		Mobile No:	

Name: _____

S/O, D/O, W/O. _____ CNIC No. _____

Signature of Candidate

Signature of Director with Seal

Name: _____
Address: _____

City: _____
Phone No: _____

Name: _____
Address: _____

City: _____
Phone No: _____



PGMC

INDUS MEDICAL COLLEGE

Post Graduate Medical Centre

Tando Muhammad Khan, Sindh, Pakistan

Phone: (022) 3409562-67 Fax: (022) 3409559

Email: pgmc@imctmk.edu.pk Web: www.imctmk.edu.pk