

INDUS MEDICAL COLLEGE & HOSPITAL
The University of Modern Sciences
Post Graduate Medical Centre
Tando Muhammad Khan




APPLICATION FORM

POSTGRADUATE COURSES / TRAINING PROGRAMS


Academic Session

2024

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INDUS MEDICAL COLLEGE & HOSPITAL

THE UNIVERSITY OF MODERN SCIENCES



Tando Muhammad Khan

APPLICATION FORM

FOR ADMISSION TO

POSTGRADUATE COURSES

ACADEMIC SESSION 2024

Course / Program Applied For

Sr #

Photograph

Fee Paid (PKR) 5000/- 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:

Nationality:

Date of Birth:

Religion:

Email:

Domicile:

Blood Group:

Computerized National Identity Card (CNIC) No:

PMDC / 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.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/THE UNIVERSITY OF MODERN SCIENCES, TANDO MUHAMMAD KHAN AND ANY CHANGES MADE BY AUTHORITIES FROM TIME TO TIME WITHOUT PRIOR NOTICE.

Date _____

Candidate's Signature



INDUS MEDICAL COLLEGE & HOSPITAL

THE UNIVERSITY OF MODERN SCIENCES



Tando Muhammad Khan
ADMIT SLIP (OFFICE COPY)
FOR ADMISSION TO
POSTGRADUATE COURSES
ACADEMIC SESSION 2024

Photograph

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

Name: _____

S/o, D/o, W/o : _____ CNIC : _____

Signature of Candidate

Signature of Controller
Examination

Signature of Dean PGMC



INDUS MEDICAL COLLEGE & HOSPITAL

THE UNIVERSITY OF MODERN SCIENCES



Tando Muhammad Khan
ADMIT SLIP (STUDENT COPY)
FOR ADMISSION TO
POSTGRADUATE COURSES
ACADEMIC SESSION 2024

Photograph

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

Name: _____

S/o, D/o, W/o : _____ CNIC : _____

Signature of Candidate

Signature of Controller
Examination

Signature of Dean PGMC