

**Admission Form**

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

[http:// [www.rmur.edu.pk](http://www.rmur.edu.pk/)](http://www.rmu.edu.pk/)

 Ph: 051-9281018. Fax. 051- 9292519

# **Ph.D.** . Health Sciences (Biochemistry),

  . Chemical & Molecular Pathology

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| 1. Please fill all sections of this form.
2. Incomplete applications will not be accepted.
3. Candidates found to have made false or incorrect statement are liable to expulsion.
 |
| **1. Personal Details (Please use CAPITAL letters and write your details EXACTLY as they appear in your documents).** |
| Full Name |  | **ATTACH PHOTO HERE** |
| CNIC |  Married Single

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| Father’s Name |  |
| Present Address |  |
| Permanent Address |  |
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| E-mail Address |  | Mobile |  |
| Phone |  | Fax |  |
| Date of Birth |  / /  | Religion |  |

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| **2. Educational Qualification** |
| Title | Examining Board and Institution | Date Awarded | %/Grade |
|  Matric |  |  |  |
| F. Sc. |  |  |  |
| B. Sc. |  |  |  |
| MBBS/ MD/ BDS / BS/ M. Sc./PharmDor Equivalent to 16 years education |  |  |  |
| MS/M. Phil/MD/FCPSor Equivalent to 18 years education |  |  |  |

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| **3. Work Experience** |
| Job Title | Name of Organization | Full/ Part-Time |  From | To |
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| **4. Proposed Program of Thesis Research** |
| **Please fill this part carefully** |
| Your choice of Research Area | Regenerative Medicine |  | Genetic Diseases  Molecular Biology  Other |  Clinical Biochemistry |
| Research Group | Skin  Cartilage  | Liver |  Metabolism  Hearing Impairment  |  Vision Impairment  |
| Program of Thesis Research |  PhD  |  |   |  |
| Preferred Supervisor (if known) |  |

Please list two choices of Research Study in order of Priority 1. 2. Please give reasons for choosing this program of research. This is the most important part of the application and has significant weightage in the selection process, therefore, must be taken seriously. Attach additional sheets if required.

**Short synopsis**

Have you ever joined any Department / Institute / Centre / College of RMU previously: if Yes, give details?

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| **6. Publications (Please Attach First Page of the Reprint)** |
| Title of Paper |  Journal |  Volume |  Year |  Page |
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 **7. Please bring the following during your interview**

1. Academic transcripts. (including certified translation if necessary)
	* Reprints of publications, if any
	* MS / M.Phil. / MD/ FCPS
	* M.Sc. / Pharm D/ MBBS/BDS or equivalent
	* Intermediate Certificate or equivalent
	* Matriculation or equivalent
	* Work experience certificate.
2. National Identity Card / Domicile Certificate
3. Three copies of recent photographs
4. Attach paid fee challan form

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| **8. Declaration and Signature** |
| **I, solemnly declare that:**I have neither joined nor shall join any other institute/ Department/ Centre / College during the course of my studies at any University. I am not suffering from any infectious disease.I understand that the university may reverse any decision made on the basis of incorrect or incomplete information which I have provided. I read and understand that the university may obtain official records from any educational institution I have previously attended. |
| **I, fully understand that:**1. I can be assigned research thesis in RMU.
2. Written Subjective test and oral interview will be held at Main Campus RMU Rawalpindi.

**I, undertake to:**1. Abide by the statutes, regulations framed by the university from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation in my part.
2. I accept as a condition of my admission the authority of the university that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor his stay is not conducive to the welfare, either of himself or the other. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls without any further notice to me.
3. Not to indulge in politics and in case, I violate this undertaking and indulge in politics after my admission by the university; I shall be liable to expulsion without any notice under the order of the Vice-Chancellor.
4. I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.
5. Show good behaviour.
6. Devote whole-heartedly to my studies and maintain the dignity and prestige of the university both in and outside the campuses.
7. Pay in time all dues and fine, if any.
8. I will notify the new address to Registrar if there is any change in my contact address/ phone number.
9. I undertake to take examination unconditionally notifies by the university.
10. I have read the relevant rules and regulations concerning admission before signing this application.
11. For any quiry contact Dr. Kashif Rauf, Postgraduate Department RMU:- 0333-8361984.

Signature of the ApplicantDate: / /  |