**APPLICATION FORM**

**Diploma in Ophthalmic Medicine and Surgery(DOMS)**

Photograph

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CNIC No.**

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|  |  | **-** |  |  | **-** |  |  |  |  |

**Age:- \_\_\_\_ Gender:-** Male Female **Date of Birth.**

**Email: -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Temporary Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Working Details**

1. Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PMC Reg. No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry:-** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Qualifications**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Qualification** | **College / University** | **Year of Passing** | **Obtained Marks** | **Total Marks** | **Marks %** | **Experience Year** |
|  | Matric/ A Level |  |  |  |  |  |  |
|  | FSC/ O Level |  |  |  |  |  |  |
|  | MBBS |  |  |  |  |  |  |

**Objectives for Enrollment in this Program**

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| --- | --- |
| **Sr.#** |  |
| 1 |  |
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Signature of Candidate Date: \_\_\_\_/\_\_\_/2023

**CHECKLIST FOR APPLICATION:**

|  |  |
| --- | --- |
| 1. Attested Copy of CNIC. |  |
| 1. Four Passport Size Photographs with Blue Background all pic attested three pic back and one Pic front attested. |  |
| 1. Attested Matric/A Level degree. |  |
| 1. Attested F.sc/O Level Degree. |  |
| 1. Attested MBBS Degree/Transcript. |  |
| 1. Attested Domicile. |  |
| 1. Attested Experience Letter if any. |  |
| 1. Attested Valid PMC Certificate. |  |
| 1. Application Fee (bank draft in the favor of Vice Chancellor, RMU). |  |
| 1. Application is duly signed and all columns are filled. |  |

 **Rawalpindi Medical University, Rawalpindi**

Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR CANDIDATE)

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| Please Paste Photograph here attested from back side (3x3cm) with Blue Background |

Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Controller of Examination**

**Note:** Cell/ Mobile Phones, palm tops, minicomputer, and any other electronic equipment likely to help the candidates are completely prohibited in the Examination Centre’s. Moreover Cell/Mobile Phones shall not be collected by the Centre superintendent or university administration at examination Centre.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate



**Rawalpindi Medical University, Rawalpindi** Roll. No.\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

ADMITTANCE CARD

(FOR SUPERINTENDENT)

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| Please Paste Photograph here attested from back side (3x3cm) with Blue Background |

Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Work Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject / Specialty in which to be Examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of the Candidate