**APPLICATION FORM**

Paste Picture

**Emergency Medicine Foundation Program (EMFP)**

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

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**CNIC No.**

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

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

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

**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** | **Domicile** |
|  | Matric/ A Level |  |  |  |  |  |  |  |
|  | FSC/ O Level |  |  |  |  |  |  |  |
|  | MBBS |  |  |  |  |  |  |  |
|  | Experience |  | | | | | | |
|  |  |  | | | | | | |
|  |  |  | | | | | | |

**Objectives for Enrollment in this Program**

|  |  |
| --- | --- |
| **Sr.#** |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

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

Signature of Candidate Date: \_\_\_\_/\_\_\_/2024

**CHECKLIST FOR APPLICATION:**

|  |  |
| --- | --- |
| 1. Attested Copy of CNIC. |  |
| 1. Four Passport Size Photographs with Blue Background all pic attested back side. |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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**Controller of Examination**

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

Signature of the Candidate