**RAWALPINDI MEDICAL UNIVERSITY**



Main Campus, Tipu Road, Rawalpindi

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

(Office Use Only)

Phone No (Off) 051-9230066-8, Fax 051-9230065

**APPLICATION FORM FOR**

**POSTGRADUATE EXAMINATIONS**

**NOTE:**

* The form shall be submitted to the Office of the Controller of Examinations RMU Rawalpindi.
* **The name/spelling of the candidate and his/her father’s name be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the Degree issued to you by the Rawalpindi Medical University.**
* Please fill in the form in **black/Blue ink** and clearly print or type only in **CAPITAL** letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
* Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
* Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.

Please affix

Photograph here

Attested from front

Side (3X3 cm)

With blue background

Wherever small choice field boxes are provided in the form the box adjacent to the appropriate answer is to ticked or checked.  or 

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**Speciality**

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| 3  2  **Program**  MS  MD  MHPE  PhD  Others  Exam year  Thesis Defense  **Examination**  Semester |
| **APPLICANT’S PERSONAL INFORMATION**  4 |
| 5  **Father’s Name** (First, middle, last in block letters)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 6  **Applicant’s CNIC/ Passport**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 7  8  **PMC Registration Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     **RMU Registration Number**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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**Full Name** (First, middle, last in block letters)

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**Date of Induction. **

**Expiry Date. **

**Name of Institution/ Hospital**

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**CONTACT INFORMATION:**

**Mailing Address (mention all relevant information like post code etc.)**

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**Mobile/Telephone Number (with city code) ……………………………………………. E-mail / Fax # ………………….………………**

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| 13  Bank Challan No: Date:  **NOTE: Attach original Bank Draft/Bank Receipt with this form**  **Fee Paid Rs: \_\_\_\_\_\_\_\_\_\_\_\_ Challan No**: | | |
| **D**  **D**  **M**  **M**  **Y**  **Y**  **Y**  **Y**  **/**  **/** | | |
| **Documents to be attached:**  Attested copies of following documents are submitted with the HARD COPY of the admission form duly Endorsed by the Head of Institution.    14 | | |
| * MBBS Degree | * House Job Completion Certificate | |
| * Valid PM&DC Registration | * Center Induction letter/ Certificate | |
| * Letter of Synopsis approval | | |
| * Letter stating completion of 2 year sactifactory training with supervisor * Eligibility certificate issued by DME. * Copy of CNIC/ Passport. * Copy of Registration Return | | |
| * 04 photograph size (3x3cm) (attested from back side) attach with admission Form. * Copy of Detail Mark Certificate (DMC) of previous examination (if applicable). | | |
| 15  **CANDIDATE DECLARATION**  I hereby solemnly declare that:   1. The information provided by me in this form is correct and no information has been concealed. 2. I shall be responsible if my application form is rejected on the basis of any error, misinformation and omission. 3. I understand that taking examination without being fully eligible is a crime under law, and in such case, the University will cancel the result. 4. I am not being enrolled / debarred from any medical institution. | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature of Applicant |
| 16  **CERTIFICATE**  It is certified that the candidate is eligible in all respects as per Rules & Regulation of Rawalpindi Medical University, Rawalpindi to appear in this examination. | | |

Signature of Supervisor (with stamp)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Institution (with stamp)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Rmu logo Rizwan | **Rawalpindi Medical University Rawalpindi** | |  | Roll No : \_\_\_\_\_\_\_ | |
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|  | **ADMITTANCE CARD**  **(FOR CANDIDATE)** | |  |  |  |
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| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
|  | photograph here |  |
| Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | attested from Back |  |
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| **Controller of Examinations** | | |
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**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited inthe Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

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**Signature of the Candidate**

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|  | **ADMITTANCE CARD**  **(FOR SUPERINTENDENT)** | |  |  |  |
| Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
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| Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
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**Signature of the Candidate**