



RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

Ph: 051-9290360, 051-9290755
Website: www.rmur.edu.pk

Form No:

(For Official Use)

Fax: 051-9290519
Email: info@rmur.edu.pk

APPLICATION FOR ADMISSION

Program: _____

A - Personal Details (Please use CAPITAL letters and write your details EXACTLY as they appear on accompanying documents)

Title:	Gender:	Marital Status:
Full Name:		Photograph <small>(Click Image to Insert Picture)</small>
CNIC Number:		
Father's Name:		
Present Mailing Address:		
Permanent Address:		
Email Address:	Cell No.:	
Phone No.:	Date of Birth: (DD/MM/YYYY)	
Pay Order / Bank Draft No.:		Pay Order / Bank Draft No. Date: (DD/MM/YYYY)

B - Research Proposals

Research Proposal No.1 of National Importance:

Brief Proposal (Up to 250 Characters)

Research Proposal No.2 of National Importance:

Brief Proposal (Up to 250 Characters)

C - Educational Qualifications

Title	Board/University	Year Awarded	Totals Marks/GPA	Obtained Marks/GPA	%age
Matric / SSC or Equivalent					
F.Sc./HSSC or Equivalent					
MBBS/ BDS / BS MLT					
M.Phil / FCPS Subject:					
Additional Qualification (if any)					

D - Additional information (if any)**E - List of Research Publications (Name, Authors, Journal, Date of Publication) – Please attach attested copies with the hardcopy of the application**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please use separate sheet if required

F - List of Conferences/Workshops/Courses attended – Please attach attested copies of certificates with the hardcopy of the application

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please use separate sheet if required

G - ATTACHMENTS**INSTRUCTIONS:**

Please attach scanned images of the required documents in the relevant fields below by clicking on image.

You can click on the field again to change the image if required.

Save the PDF File afterwards to embed the images.

ID CARD – FRONT SIDE**ID CARD – BACK SIDE****BANK DRAFT OF RS. 3000/-**

MATRIC CERTIFICATE

FSc CERTIFICATE

EXPERIENCE CERTIFICATE FROM THE EMPLOYER

LETTER OF PERMISSION / NOC FROM EMPLOYER

MIRATION CERTIFICATE FROM THE LAST UNIVERSITY (IF AVAILABLE)

DOMICILE

H - Checklist

Have you

S. No.	Task (Please Check the Appropriate option)	YES	NO										
01	Attached Pay Order / Bank Draft of Rs.2000/- in original												
02	Filled all the relevant fields												
03	Enclosed attested copies of academic transcripts (<i>including certified translation if necessary</i>) including (Please tick appropriate) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 25%;">Matric/SSC</td> <td style="width: 25%;">F.Sc./HSSC</td> <td style="width: 25%;">B.Sc. MLT</td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td>MBBS/BDS</td> <td>FCPS</td> <td>M.Phil</td> <td></td> </tr> </table>		Matric/SSC	F.Sc./HSSC	B.Sc. MLT			MBBS/BDS	FCPS	M.Phil			
	Matric/SSC	F.Sc./HSSC	B.Sc. MLT										
	MBBS/BDS	FCPS	M.Phil										
04	Enclosed certificate of experience from the employer												
05	Enclosed letter of permission / NOC from the employer												
06	Enclosed the migration certificate from the last university attended												
07	Enclosed attested copy of the valid CNIC												
08	Enclosed attested copy of the domicile												
09	Enclosed three attested copies of the recent passport size photographs												
10	Enclosed attested copies of the research publications												
11	Enclosed attested copies of the certificates of conferences / workshops / courses												

Note:

- All relevant documents must be attached by the candidate with his / her application form.
- No benefit would be given for any document not attached at the time of submitting application or produced after the closing date.
- Applicants shall submit their original documents at the time of admission.

I - Declaration & Signatures

I, solemnly declare that:

- I have neither joined nor shall join any other institution during the course of my studies at the Rawalpindi Medical University, Rawalpindi.
- I am not suffering from any infectious disease i.e. HIV, Hepatitis B, C etc.
- I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
- I understand that the University may obtain official records from any educational institution I have previously attended.

I undertake

- to abide by the Statutes, Regulations and Rules etc. framed by the University or the Department from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.
- to 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 of the University or Chairman of the Department, his/her stay is not conducive to the welfare, either of himself/herself or others in the university or the department.
- that should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the university without any further notice to me.
- to 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 which order shall be final.
- to 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.
- to show good behavior.
- to devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the University.
- to pay in time all the dues and fine, if any.
- to intimate the new address to Registrar if there is any change in my contact address/phone number.
- to undertake to take examination unconditionally notified by the University or the department.

Signatures of the Applicant

Date: _____



Rawalpindi Medical University, Rawalpindi

ADMITTANCE CARD (FOR CANDIDATE)

Roll. No. _____
Office use only

Examination: _____

Name: _____

Father Name: _____

Name of Current Work Institution: _____

Subject / Specialty in which to be Examined: _____

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

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.



Rawalpindi Medical University, Rawalpindi

ADMITTANCE CARD (FOR SUPERINTENDENT)

Signature of the Candidate

Roll. No. _____
Office use only

Examination: _____

Name: _____

Father Name: _____

Name of Current Work Institution: _____

Subject / Specialty in which to be Examined: _____

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

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