# RAWALPINDI MEDICAL UNIVERSITY

## RAWALPINDI

| Form No: |
|---|
| (For Official Use) |

Ph: 051-9290360, 051-9290755
Website: www.rmur.edu.pk
Fax: 051-9290519
Email: info@rmur.edu.pk

## APPLICATION FOR ADMISSION

**Program:** PhD Public Health

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

| | | |
|---|---|---|
| Title: Dr. | Gender: Male | Marital Status: Single |
| Full Name: | | Photograph |
| CNIC Number: | | |
| Father's Name: | | |
| Present Mailing Address: | | |
| Permanent Address: | | |
| Email Address: | Cell No.: | |
| Phone No.: | Date of Birth: (DD/MM/YYYY) | (Click Image to Insert Picture) |
| 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:**

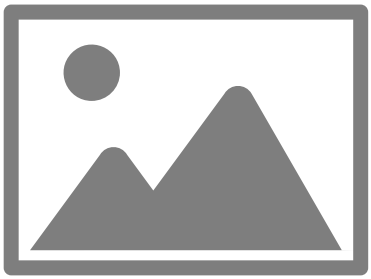
**Please attach scanned images of the required documents in the relevant fields below by clicking on image.**
**You can click on the field again to change the image if required.**
**Save the PDF File afterwards to embed the images.**

### ID CARD – FRONT SIDE

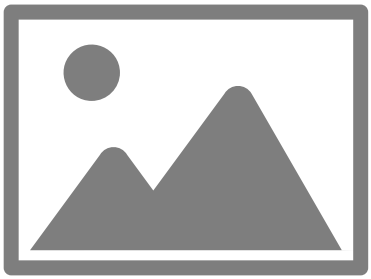
### ID CARD – BACK SIDE

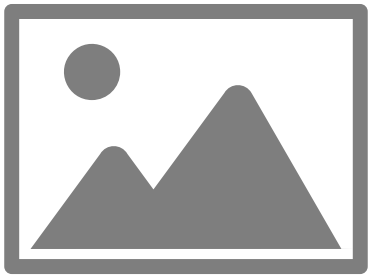
### BANK DRAFT OF RS. 5000/-

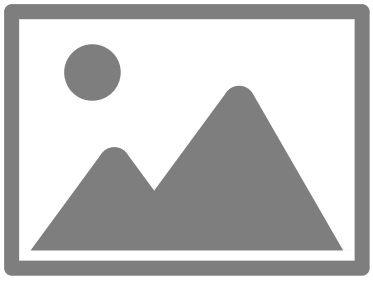
## MATRIC CERTIFICATE



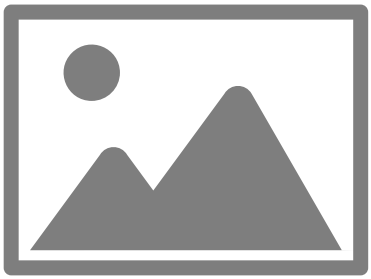
## FSc CERTIFICATE



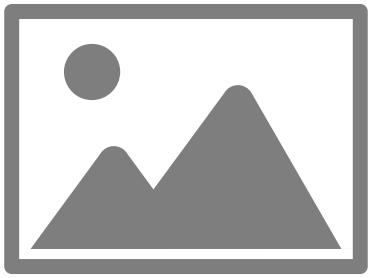




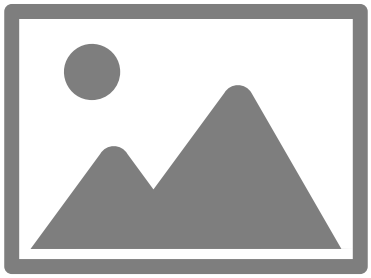
## EXPERIENCE CERTIFICATE FROM THE EMPLOYER



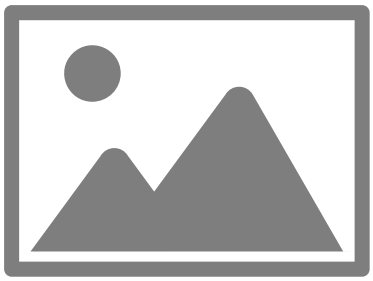
## LETTER OF PERMISSION / NOC FROM EMPLOYER



## MIGRATION 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.5000/- in original | | |
| 02 | Filled all the relevant fields | | |
| 03 | Enclosed attested copies of academic transcripts *(including certified translation if necessary)* including<br>(Please tick appropriate)<br>☐ Matric/SSC ☐ F.Sc./HSSC ☐ B.Sc. MLT<br>☐ 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

Roll. No._____
Office use only

ADMITTANCE CARD
(FOR CANDIDATE)

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

# Rawalpindi Medical University, Rawalpindi

Roll. No._____
Office use only

ADMITTANCE CARD
(FOR SUPERINTENDENT)

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