



FEDERAL POSTGRADUATE MEDICAL INSTITUTE
SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE,
LAHORE -64600

Application Form(AP 02)

Space for
Photograph

Form No. _____ Course Session _____ Challan No. _____ Date _____
(Attach original paid Challan)

Course Title. _____ Fee _____

Course Title. _____

PERSONAL INFORMATION (in block letters)

1. Name. _____

(in block letters as per Matric/ Fsc Certificates)

2. P.M.D.C. No. _____ Sex: [] Male [] Female

3. Date of Birth _____ Place of Birth _____

4. Nationality _____ National ID No. _____

5. Father's Name _____ Occupation _____

6. Spouse Name _____ Nationality _____

7. Martial Status. _____
[] Single [] Married [] Divorced [] Widow

8. Children (mention names & ages)

9. **Address (Indicate where you wish your correspondence to be sent)**

[] Permanent _____ Phone _____

[] Postal _____ Phone _____

10. **Domicile**

[] Punjab [] Sindh - Urban [] A.J Kashmir
[] Baluchistan [] Sindh Rural [] K.P.K.

16 State whether subject to any disciplinary action* _____

17. Any Physical, psychological handicap* _____

18. Personal interests, hobbies etc. _____

19 REFERENCES :

List of the names of two individuals with knowledge of your abilities in the area of your academic aptitude and achievement and / or in carrying out professional work and responsibilities.

1.	Name and title	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

N.B.

- (a) Incomplete applications will not be considered for admission.
- (b) Duly attested documentary proof of all statements made must accompany the applications.
- (c) Three passport size recent photographs are to be attached with the applications.
- (d) Reference letters can be provided in sealed envelopes, or mailed directly.

20 DECLARATION

I do hereby declare that the above particulars are correct in every respect and that I have not concealed any thing. I also agree to appear in the entrance examination for the selection of candidates for the course if decided by the Federal Postgraduate Medical Institute, Lahore. I shall abide by all the rules & regulations as set by Federal Postgraduate Medical Institute and the concerned University/ College of Physicians and Surgeons from time to time. I also agree that if I do not show satisfactory progress I may be taken off the course.

Date _____

Signature _____

* Give details separately

For Official Use only

Name:	Nationality:	NID. No. _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	P.M.D.C. No. _____
Father's Name:		Course Title _____
Spouse Name:	Nationality:	Course Fees: Rs. _____

SHAIKH ZAYED FEDERAL POST GRADUATE MEDICAL INSTITUTE, LAHORE

APPLIED DEPARTMENT:- _____

Name of Candidate:-	
Father's Name:-	
Phone Number:-	
CNIC:-	
PMC Registration No:-	
Email:-	
Domicile	

Academic/Professional Record

MBBS Passing Sector:-	Public	Private	Foreign	Federal	Host	House Job or any experience of SZMC/FPGMI	No. of Distinctions

Examination Passed

Degree Level	Year of Passing	Marks Obtained	Total Marks	%	Aattempts	MBBS College Name	Name of the Board University
Matric						x	
FSC							
Aggregate marks of all professionals							
MBBS 30% Weightage Marks							

Formula for Weightage Marks
$$\frac{\text{Obtained Marks of all Professional Examination}}{\text{Total Marks of all professional Examination}} \times 30 = \text{Weightage}$$

Subject related experience status (as per advertisement):- _____

Undertaking by the Applicant:-

I do hereby declare that the above & attached info are correct in all respect and that I have not concealed anything. I shall abide by all the rules & regulations as set by FPGMI and the concerned University/college. I also agree that if I do not show satisfactory progress, I may be taken off the course.

Signature