

SHAIKH ZAYED FEDERAL POST GRADUATE MEDICAL INSTITUTE, LAHORE

APPLIED DEPARTMENT:- _____

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

Detail of Entry Test

	Obtained Marks	Total Marks	Year of Passing	Province Status	Name of Entry Test University
MS, MD, M.Phil & Diploma					

Academic/Professional Record

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

Examination Passed

Degree Level	Obtained Marks	Total Marks	Year of Passing	Marks %	Aattempts	MBBS College Name	Name of Board /University
Matric						x	
FSC							
Aggregate Marks of all MBBS Professionals							
MBBS 30% Weightage Marks (Formual for Weightage Marks) Obtained Marks of all prof × 30 ÷ Total Marks of all prof = Weightage							

Subject related experience (if any)
(as per advertisement):-

a. _____

a. _____

Name of Journals (if any)

b. _____

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