

# AL ALEEM MEDICAL COLLEGE GULAB DEVI HOSPITAL

FEROZEPUR ROAD, LAHORE PAKISTAN

Ph. No. 92-42-35918040,92-42-99230247-50, (Ext. 3091-99) Fax No.92-42-9230867

[www.gdec.edu.pk](http://www.gdec.edu.pk), Email: [gdpग्mi2005@gmail.com](mailto:gdpग्mi2005@gmail.com),

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photograph  
here attested  
from front side  
(1x1 inch)  
with blue  
background



Application for: \_\_\_\_\_

FOR THE SESSION: \_\_\_\_\_ - \_\_\_\_\_

1. Name in full : \_\_\_\_\_  
(BLOCK LETTERS)
2. N.I.C NO. : \_\_\_\_\_
3. PM&DC Reg. # (Provisional) : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_
5. Father's N.I.C. No. : \_\_\_\_\_
6. Date of Birth : \_\_\_\_\_
7. Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_
8. Marital Status : \_\_\_\_\_
9. Blood Group : \_\_\_\_\_
10. Present address : \_\_\_\_\_  
Dedication : \_\_\_\_\_ Service : \_\_\_\_\_  
Education : \_\_\_\_\_
11. Telephone Number (At least 2 Ph #): **Mobile #** \_\_\_\_\_
12. Permanent address : \_\_\_\_\_  
: \_\_\_\_\_
13. Institute : \_\_\_\_\_
  - a. Matric : \_\_\_\_\_
  - b. FSc : \_\_\_\_\_
  - c. MBBS : \_\_\_\_\_

**14. Particular of Qualification:**

Title Of Qualification	Roll #	Reg. #	Date of Passing	Marks / Division	No: Of attempts	College & University
Matric						
F.Sc						
B.Sc						
1 <sup>st</sup> Prof.						
2 <sup>nd</sup> Prof.						
3 <sup>rd</sup> Prof.						
Final Prof.						

15. Detail of any Distinction : \_\_\_\_\_

16. Give Name of two referees (person of repute in Medical Profession) \_\_\_\_\_

**N.B:**

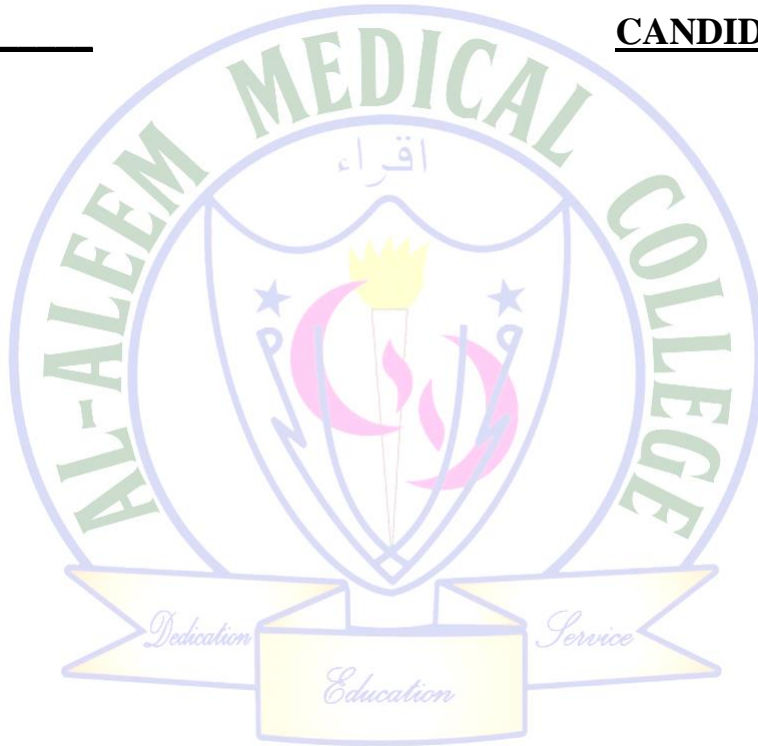
- A. Incomplete application will not be considered for admission.
- B. Dully attested documentary proof of all statements made must accompany the application form.

## DECLARATION

I do hereby declare that the above particulars are correct in every respect and that I have not concealed anything. I also agree that after doing rotation of three months if I do not satisfactorily progress I may be taken off further training. Furthermore, I do hereby declare that I shall abide by the rules & regulations of the institute as well as rules and regulation of Pakistan Medical Commission. In case of violation I may be expelled from the Institute. I do hereby declare that I am not concealing any information which debars me from applying in the Gulab Devi Hospital.

**Dated:** \_\_\_\_\_

**CANDIDATE'S SIGNATURE**



***DRAFT OF AFFIDAVIT***  
***(to be printed on Rs: 20/- Stamp Paper)***

I, Mr. / Miss \_\_\_\_\_ S/o.. / D/o: \_\_\_\_\_

holder of NIC #: \_\_\_\_\_ resident of: \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm

and declare as under:-

That all copies of the certificates attached with my application form are genuine and I shall be responsible for any discrepancies that are arisen later on. I also declare that after attending the course for three months if I do not satisfactorily progress I may be taken off further Course. Furthermore, I do hereby declare that I shall abide by the rules & regulations of the institute as well as rules and regulation of Pakistan Medical Commission. In case of violation I may be expelled from the Institute. Moreover, the particulars which I have given in my application form are correct to the best of knowledge & belief. I also hereby declare that I am not concealing any information which prohibits me from applying for House Job.

Signature \_\_\_\_\_

Verified on Oath at \_\_\_\_\_ on Dated: \_\_\_\_\_ that above contacts are correct and true to the best of my knowledge and belief and nothing has been concealed.

Signature & Stamp: \_\_\_\_\_

**CHECK LIST**

Name of Candidate \_\_\_\_\_ Diary No. \_\_\_\_\_  
 Dated \_\_\_\_\_

**INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED**

**The candidate must tick the documents which are attached by him.**

1.  4 passport size color photographs duly attested. (3 from backside and 1 from front side).
2.  2 Attested copy of Matriculation, F.Sc. Certificates, M.B.B.S, Experience certificate.
3.  2 Attested Copies of PM&DC Reg. Certificate
4.  2 Photocopy of C.N.I.C..
5.  2 Photocopy of Father's C.N.I.C
6.  Character Certificate
7.  An Affidavit on judicial paper (any amount) that the copies of the certificates attached with your application form are genuine and you will be responsible for any discrepancies arised out later on.
8.  All the documents/certificates should have official stamp. Dispatch No. & date of concerned officer/college.
9.  Rs 500- Bank Draft in favor of "Gulab Devi Post Graduate Medical Institute" (In case of Post)

\_\_\_\_\_  
 Signature of the Candidate

\_\_\_\_\_  
 Checked By

\_\_\_\_\_  
 Verified By

**CHECK LIST**

Name of Candidate \_\_\_\_\_ Course Applied For \_\_\_\_\_

Roll No.: \_\_\_\_\_ Diary No. \_\_\_\_\_ Dated \_\_\_\_\_

**INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED**

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 Signature of the Candidate

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 Checked By

\_\_\_\_\_  
 Verified By