



GULAB DEVI TEACHING HOSPITAL AL ALEEM MEDICAL COLLEGE

FEROZEPUR ROAD, LAHORE

Ph. No. +92-42-3591 8040

www.aamc.edu.pk Email: gdpग्mi2005@gmail.com

Paste
Photograph
Here

Degree/ Diploma applied for _____ For the Session _____

1. Name in Full : _____
(BLOCK LETTERS)
2. CNIC NO. : _____
3. PMC Reg. # : _____
4. Father's / Husband's Name : _____
5. Father's / Husband's CNIC No. : _____
6. Date of Birth : _____
7. Religion : _____ Nationality _____
8. Marital Status : _____
9. Blood Group : _____
10. Contact Number : Mobile # _____
: Residence # _____
11. Present Address : _____
: _____
12. Permanent Address : _____
: _____
13. Qualification : _____
 - a. Medical : _____

 - b. Non-medical : _____

c. Postgraduate Qualification If Any :

d. Give Particular of any publications/:

Research work with details & Give

Detail of previous Admission

in any course in this Institute

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 st Prof. (1 st Annual)						
1 st Prof. (2 nd Annual)						
2 nd Prof.						
3 rd Prof.						
Final Prof.						
(Postgraduate, Diploma & Degree)						
Any other						

15. Details of any Distinction

:

16. Particular of Qualification:

Experience	Specialty	Period (with date)	Institution	Name of HOD
House Job				
Medical Officer				
Registrar				
Other				

**17. Give Name of two referees (person of
repute in Medical Profession)**

Note

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

DECLARATION

I do hereby declare that the above particulars are correct in every respect and that I have not concealed anything. I also agree to appear in the entrance examination for the selection of the candidates for the course if decided by the Al-Aleem Medical College, Lahore, I also agree 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 University of Health Sciences, Lahore / College of Physicians and Surgeons Pakistan which are formed from time to time during the course. In case of violation, I may be expelled from the institute and I shall not claim any refund of the dues paid by me. I do hereby declare that I am not concealing any information which debars me from applying for any course in the University of Health Sciences/ College of Physicians and Surgeons Pakistan.

Dated: _____

CANDIDATE'S SIGNATURE

E- FEE STRUCTURE for M.D/ Diploma programs: (To be submitted at the time of Admission)

- **Rs. 100, 000 (Per Year)**

Note:

- *Dues once paid are not refundable.*
- *University related charges will be collected after admission according to the University Rules.*
- *The Institution reserve the right to revise its fee schedule according to its need if and when required.*

DRAFT OF AFFIDAVIT
(to be printed on Rs: 50/- Stamp Paper)

I, Mr. / Miss _____ S/D/W/o: _____

holder of CNIC #: _____ 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 University of Health Sciences, Lahore/ College of Physicians and Surgeons Pakistan which are formed from time to time during the course. In case of violation, I may be expelled from the Institute and I shall not claim any refund of the dues paid by me. 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 any this course in any institute affiliated with the University of Health Sciences/ College of Physicians and Surgeons Pakistan. I also abide the rules that admission will be finalized after the enrolment by University of Health Sciences, Lahore/ College of Physicians and Surgeons Pakistan. In case, University of Health Sciences, Lahore/ College of Physicians and Surgeons Pakistan objects, rejects or cancels the admission, the institute will not be responsible for any litigation and I shall not claim refund of dues paid by me.

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
OFFICE COPY

Name of Candidate _____ Course Applied For _____

Roll No.: _____ Diary No. _____ Dated _____

INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

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

1. 4 passport size color photographs duly attested. (3 from backside and 1 from front side).
2. 2 Attested copies of Matriculation, F.Sc. Certificates, M.B.B.S, Experience certificate.
3. 2 Attested copies of PMC Reg. Certificate
4. 2 copies of CNIC
5. 2 copies of father's / husband's CNIC
6. 2 copies of result of FCPS Part 1/ result card of entry test for MD
7. 2 copies of entrance exam result card for diplomas
8. 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.
9. All the documents/certificates should have official stamp. Dispatch No. & date of concerned officer/college.
10. No Objection Certificate from previous Board / University. (*After Admission Confirmation*)
11. Rs 1500- Bank Draft in favor of "Gulab Devi Post Graduate Medical Institute" (In case of Post)

Signature of the Candidate

Checked By

CHECK LIST
CANDIDATE COPY

Name of Candidate _____ Course Applied For _____

Roll No.: _____ Diary No. _____ Dated _____

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4. 2 copies of CNIC
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