



DIRECTORATE OF  
MEDICAL EDUCATION

LIAQUAT UNIVERSITY  
OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH – PAKISTAN  
URL: [www.lumhs.edu.pk](http://www.lumhs.edu.pk) E-mail: [dmelumhs@lumhs.edu.pk](mailto:dmelumhs@lumhs.edu.pk)  
Telephone # 92-22-9213373

Paste a Passport  
Size Picture Here

Certificate of Health Professional Education

ADMISSION FORM

Form No. \_\_\_\_\_ (Office Use only)  
Date of Submission Form: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Note:
- Please read the instructions given in the admission policy in the prospectus and at the back of this application form before filling this form:
  - Fill the form in Capital Letters.

Name: \_\_\_\_\_ Father's Name \_\_\_\_\_  
Date of birth (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M ☐ F ☐  
Domicile: \_\_\_\_\_ Nationality: \_\_\_\_\_ NIC: 

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Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Passport \_\_\_\_\_ PMDC NO \_\_\_\_\_

ACADEMIC QUALIFICATIONS							
Name of Institutions	City, Country	Dates Received		Degree Received	Marks Obtained	Total Marks	%
Employment Record							
Name of Institutions	Major Responsibilities		Position		Dates Employed		

**IMPORTANT NOTE / INSTRUCTIONS**

Applicants must attach with application form the following attested Photostat copies of the below mentioned Certificates and documents **in the following sequence**. The documents & certificates must be attested by Gazetted Officer/ The stamp of the officer must bear full name, designation and current place of duty.

**Note: Check (✓) the relevant box for the attached documents.**

- ☐ Three Passport Size Pictures
- ☐ Copy of Final Degree
- ☐ Valid Faculty Registration
- ☐ Copy of valid CNIC
- ☐ Copy of any relevant experience certificates
- ☐ Copy of professional Resume
- ☐ NOC From HOD / Registrar
- ☐ Foreign students must submit copy of Passport
- ☐ Use additional page if required.

1. All applicants must appropriately fill and sign the admission form. **Incomplete/not properly filled form in any respect will be rejected.** Avoid rewriting/cutting, while filling the form.
2. Applications should reach Directorate of Medical Education – LUMHS on or before the closing date and time. Applications received after the due date and time will not be entertained for admission.
3. Please Deposit amount at HBL Account: No 00727901891103, title Director Medical Education, LUMHS, Jamshoro.
4. Application forms with any **false statement** by the candidate will be rejected
5. If any certificate submitted by the candidate is found **false, or forged** during his/her **study period** his/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission.

**DECLARATION**

Certified that the facts produced are correct to the best of my knowledge.

Signature of the Applicant: \_\_\_\_\_

For office Use only

<u>Remarks / Requirements</u>

Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_

Checked by Office Assistant: \_\_\_\_\_

Received App. Form No. \_\_\_\_\_ Bank receipt No. \_\_\_\_\_ Amount deposited: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by Office Assistant: \_\_\_\_\_