



# GULAB DEVI TEACHING HOSPITAL

## AL ALEEM MEDICAL COLLEGE

### FEROZEPUR ROAD, LAHORE

Ph. No. +92-42-3591 8040

[www.aamc.edu.pk](http://www.aamc.edu.pk) Email: [gdth.pg@aamc.edu.pk](mailto:gdth.pg@aamc.edu.pk)

Paste  
Photograph  
Here

Degree/ Diploma applied for \_\_\_\_\_ For the Session \_\_\_\_\_

1. Name in Full : \_\_\_\_\_  
(BLOCK LETTERS)
2. CNIC NO. : \_\_\_\_\_
3. PM&DC 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 # \_\_\_\_\_  
Email: \_\_\_\_\_
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 <sup>st</sup> Prof. (1 <sup>st</sup> Annual)						
1 <sup>st</sup> Prof. (2 <sup>nd</sup> Annual)						
2 <sup>nd</sup> Prof.						
3 <sup>rd</sup> 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
<b>House Job</b>				
<b>Medical Officer</b>				
<b>Registrar</b>				
<b>Other</b>				

**17. Give Name of two referees (person of**

\_\_\_\_\_

**repute in Medical Profession)**

\_\_\_\_\_

***Note***

- A. *Incomplete application will not be considered for admission.*
- B. *Duly 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 Institute, 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: 100/- 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/registration, the institute will not be responsible for any litigation and I shall not claim refund of dues paid by me.

Signature \_\_\_\_\_

Thumb Impression \_\_\_\_\_

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/O Levels, Fsc/A Levels, MBBS DMC's and degrees, House Job certificate, Experience certificates.
3.  2 Attested copies of PM&DC 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 arisen later on.
9.  All the documents/certificates should have official stamp. Dispatch No. & date of concerned officer/college.
10.  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** \_\_\_\_\_

**INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED**

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

11.  4 passport size color photographs duly attested. (3 from backside and 1 from front side).
12.  2 Attested copies of Matriculation/O Levels, Fsc/A Levels, MBBS DMC's and degrees, House Job certificate, Experience certificates.
13.  2 Attested copies of PM&DC Reg. Certificate.
14.  2 copies of CNIC.
15.  2 copies of Father's / Husband's CNIC.
16.  2 copies of result of FCPS Part 1/ result card of entry test for MD.
17.  2 copies of entrance exam result card for diplomas
18.  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 arisen later on.
19.  All the documents/certificates should have official stamp. Dispatch No. & date of concerned officer/college.
20.  Rs 1500- Bank Draft in favor of "Gulab Devi Post Graduate Medical Institute" (In case of Post).

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

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