POST GRADUATE MEDICAL INSTITUTE QUETTA
Ph: No. (Off) 081-9203164

Please affix one photograph attested

APPLICATION FORM FOR DIPLOMA/MCPS PROGRAMMES ENTRY TEST

Application for Entry Test of Diploma/MCPS in _____

Applicant's Personal Information

Full Name

1.

Father's / Husband Name

2.

Contact No. **Domicile / Local (Dist)**

5.

Cell #					-							
Home												

6.

CNIC No. **8. PM&DC Reg No.** **Valid Up-to**

7.

					-								-	

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete application will not be entertaind.

Applicant's Signature

Check List:-

S.#	Attached Documents	No of Copies required	Remarks
1	PHOTOGRAPH	**2**	
2	CNIC	**1**	
4	MBBS / BDS DEGREE /DMC	**1**	
6	HOUSE JOB CERTIFICATE	**1**	
7	VALID PMDC REGISTRATION	**1**	
8	LOCAL / DOMICLE	**1**	
9	COPY OF CHALLAN (Original) **Rs. 2000/- in** Head of Account **C-02875** National Bank of Pakistan (City Branch)	**1**	

*** All attached documents must be attested by Gazetted Officer ***

Signature of Receiving Authority PGMIQ