

ARMY MEDICAL COLLEGE, RAWALPINDI (APPLICATION FORM FOR HOUSE JOB)



NOTE:

Fourth Professional Final Professional

The form shall be submitted to the NUMS Affairs, Army Medical College, Rawalpindi.

Please fill in the form in blue/black ink /clearly print or type only in CAPITAL letters.

Incomplete and incorrect application form will not be entertained.

Any Query contact No. 051-9273576 (For House Job Only)

Affix Photograph

| Course: | ☐ ME | BBS 🗌 | BDS | | | | |
|--|-------------------|---------------|-----------------|--|------------------------|------------------|---------|
| Sraduation from: | AM | c 🗌 | (Other) | Name of Col | lege in case | of Non - AM | C |
| Cadet No & Cours (for AM College Graduater | | | | | Gend | er: M | F |
| Full name in block | letters: | | | | | | |
| | | | | | | | |
| Father's / Husband | d's name in b | lock letter | s: | | | | |
| | | | | | | | |
| a Parents/Husbar | nd's Occupat | ion (Army | /Navy/Air Force |) Rank | Ur | nit | |
| b. Parents/Husbar | nd's Occupat | ion in Cas | e of Civilian: | Designa | tion + Place o | of Duty | |
| Date of Birth (DD/M | IMYYYY): | | - | 7. National | lity: | | |
| Applicant's CNIC I | Number: | | | i | | | |
| . Address: | | | | | - | | |
| 0. Contact No: | Sell | 11. E | Email: Cor | npulsory | 12. PMDC F | Regn# | |
| | nama Arasillar | | | | | | |
| 3. House Job Apply F | or: | | | 4. House Job S | tation: | | |
| House Job Apply F | (Surgery & Allied | d, Medicine & | | | | | |
| Graduation Year | | - | - 1 | 6. Marital Statu | s: | | |
| Detail of MBBS/BDS | <u>Marks</u> | | | | | | |
| Professional | Marks | | Percentage | Attempt (s) | Year of | University/ | |
| Professional | Obtained | Total | | THE STATE OF THE S | Passing | College Position | |
| First Professional | | | | 1 | | | |
| Second Professional | | | | | | | - 10-10 |
| Third Professional | | | | | | | |

CERTIFICATE BY THE APPLICANT

I hereby solemnly declare that the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief. I fully understand that any false statement of mine shall render me liable for termination from the above mentioned course.

| Dated: | |
|--------|---------------------|
| Duted: | Candidate Signature |

| | Documents (attested) to be attached:- | Yes | No |
|----|--|-----|----|
| a. | 2 x Photographs (Passport Size) | | |
| b. | Copy of CNIC | | |
| C. | Copy of SSC or equivalence certificate | | |
| d. | Copy of HSSC or equivalence certificate | | |
| e. | Copy of attempt certificate (MBBS/BDS) or Transcript | | |
| f. | Copy of Provisional PM & DC registration | | |
| g. | Copy of Previous House Job rotation certificate (if applicable) | | |
| h. | Fee challan worth Rs. 500/- | | |
| i. | Police verification (for selected candidates) | | |
| j. | Undertaking regarding house job dues/ stipend /honorarium payment from parent institute (Not applicable for Army Medical College Graduates). | | |

| FOR OF | FICE US | E ONLY |
|--------|---------|--------|
|--------|---------|--------|

| Received & Checked By: | Date: |
|-------------------------|-------|
| For Batch (Month/Year): | |

Note:

- Please reach the interview venue half an hour before the interview timing. Kindly confirm us your availability in the interview by replying back to the same email.
- 2. No accommodation and transportation facility will be provided during the House Job training.

| Name (as per Documents) | Army Medical College House Job Application Processing Fee | Coounts Copy | Name (as per Documents) | Army Medical College House Job Application Processing Fee | PG Section Copy | Name (as per Documents) | Army Medical College House Job Application Processing Fee | Candidate Copy |
|-----------------------------------|---|------------------------|--|---|--|--------------------------------|---|----------------|
| Father Name (as per Occuments) | | | Father Name (as per Documents) | | | Father Name (as per Documents) | | |
| PM&DC Regn No | | | PM&DC Regn No | | | PM&DC Regn No | | |
| Apply For Batch | (MBBS / BDS) Jan/Jul 20_ | MBBS / BDS) Jan/Jul 20 | | (MBBS / BDS) Jan/Jul 20 | | Apply For Batch | (MBBS / BDS) Jan/Jul 20 | |
| | Particulars Rs. ication Processing Fee 500 | | Particulars Rs. House Job Application Processing Fee 500 | | Particulars House Job Application Processing Fee | | Rs. 500 | |
| | Total | 500 | | Total | 500 | | Total | 500 |
| _ | Signature of Applicant | | _ | Signature of Applicant | - | _ | Signature of Applicant | |
| NUMS Account Office (Sig & Stamp) | | | NUMS Account Office (Sig & Stamp) NUMS Account Office (Sig & Stamp) | | | S Account Office (Sig & Star | mp) | |