

Gandhara University Peshawar

Post Graduate Dental Sciences Sardar Begum Dental College

Canal Road, University Town Peshawar. Tel: 091-5844429-32, Fax: 091-5844428 Web: www.gandhara.edu.pk, Email: info@gandhara.edu.pk

| S.No. | |
|-------|--|
| | |

- Please tick (✔) only one program/discipline applying for:
- 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.
- If any certificate submitted by the candidate is found false, or forged during his/her study period his/her admission shall be cancelled forthwith...
 Further legal action can be taken against the student under the existing criminal laws.
- Application form should be submitted on due date.

Post Graduate Dental Sciences Programs MDS Oral & Maxillofacial Surgery MDS Prosthodontics MDS Orthodontics M.Sc Operative Dentistry Personal details (Use CAPITAL letters & write your details EXACTLY as appear in your documents) TITLE Mrs. Miss Mr. Full Name ATTACH National ID Card No. -PHOTO HERE Father's Name Mailing Address: Date of Birth Permanent Address: D D MM Y Υ Nationality Email Address Mob: Religion Phone Fax: **Educational Record**

| Qualification | Institute/University | Passing Year | | No. of Attempts | Marks Obtained | DIV/ Percentage |
|---------------|----------------------|---------------------|--|--------------------|-------------------|--------------------|
| BDS | | | | | | |
| | | 1 st Yr. | | | | |
| | | 2 nd Yr. | | | | |
| | | 3 rd Yr. | | | | |
| | | 4 th Yr. | | | | |

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EXPERIENCE: Experience will be considered valid, only if authentic certificate is provided at the time of submission of application form. Attach additional sheet if necessary.

| Name of Organization/ | Duration | | Designation | Job Description |
|-----------------------|----------|----|-------------|-----------------|
| Institution | From | То | Designation | Job Description |
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Research Publications: Please attach copy of the enlisted publications

| S.No. | Title of Research | Name of Journal/ Conference | Date of Publication | Principal / CoAuthor | |
|-------|-------------------|--------------------------------|------------------------|-------------------------|--|
| | | | | | |
| | | | | | |
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Reasons for choosing this programme of study and what are your future plans

| Have You: | Filled all relevant columns Enclosed attested / certified copies of academic transcripts. BDS Mark Sheets (all professionals) House Job Certificate | | |
|-----------|--|--|--|
| | Experience Certificate (If Any) Valid PMC Registration CNIC | | |
| Enclosed | d permission from the employer (for employees only) d migration (if graduated from a university other than Gandhara University Peshawar) d 3 attested recent photographs | | |
| Note: No | benefit would be given for any document not attached at the time of submitting application or produced after the closing date. | | |

Short listed candidates shall bring their original documents at the time of interview.

Declaration Signature

I, solemnly declare that:

I have neither joined nor shall join any other institution during the course of my studies. I am not suffering from any infectious disease i.e. HIV, Hepatitis B, C, COVID 19, etc.

I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided. I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake:

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Chack List

- A) to abide by the Gandhara University / HEC / PMC Rules & Regulations for Post Graduate Programmes.
- B) not to "indulge in politics".
- C) to accept as binding on me all rules and regulations in force.
- D) to show good behavior;
- E) to devote whole-heartedly to my studies and maintain the dignity and prestige of the University.

Signature

For office use only

Remarks Scrutiny Committee

Check by the Scrutiny Committee

Chairman Scrutiny Committee