



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

<input type="checkbox"/> M.Phil Oral Biology	<input type="checkbox"/> MDS Orthodontics
<input type="checkbox"/> M.Phil Oral Pathology	<input type="checkbox"/> MDS Prosthodontics
<input type="checkbox"/> M.Phil Science of Dental Materials	<input type="checkbox"/> MDS Operative Dentistry
<input type="checkbox"/> M.Sc Periodontology	<input type="checkbox"/> MDS Oral & Maxillofacial Surgery
<input type="checkbox"/> M.Sc Operative Dentistry	

1 Personal details (Use CAPITAL letters & write your details EXACTLY as appear in your documents)

TITLE Mr. Mrs. Miss

Full Name

National ID Card No.

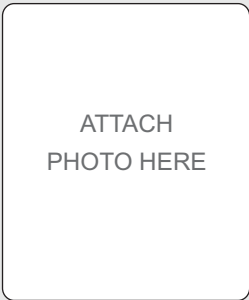
Father's Name

Mailing Address:

Permanent Address:

Email Address Mob:

Phone Fax:



Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Nationality

Religion

2 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.			

Work Experience

3

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/ Institution	Duration		Designation	Job Description
	From	To		

Research Publications: *Please attach copy of the enlisted publications*

S.No.	Title of Research	Name of Journal/ Conference	Date of Publication	Principal / Co-Author

Reasons for choosing this programme of study and what are your future plans

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Check List

- 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 PM&DC Registration CNIC
- Enclosed permission from the employer (for employees only)
 Enclosed migration (if graduated from a university other than Gandhara University Peshawar)
 Enclosed 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.

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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:

- A) to abide by the Gandhara University / HEC / PM&DC 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

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For office use only

Remarks Scrutiny Committee

Check by the Scrutiny Committee _____ Chairman Scrutiny Committee _____