



# Gandhara University Peshawar

## PostGraduate Basic Medical Sciences Kabir Medical College

Canal Road, University Town Peshawar. Tel: 091-5844429-32, Fax: 091-5844428  
 Web: [www.gandhara.edu.pk](http://www.gandhara.edu.pk), Email: [info@gandhara.edu.pk](mailto: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.

### Postgraduate Basic Medical Sciences Programs

<input type="checkbox"/> M.Phil Anatomy	<input type="checkbox"/> M.Phil Hematology
<input type="checkbox"/> M.Phil Biochemistry	<input type="checkbox"/> M.Phil Pharmacology
<input type="checkbox"/> M.Phil Forensic Medicine	<input type="checkbox"/> M.Phil Physiology
<input type="checkbox"/> M.Phil Histopathology	<input type="checkbox"/> M.Phil Chemical Pathology

### 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"/>
D	D	M	M	Y	Y

Nationality

Religion

### 2 Educational Record

Qualification	Institute/University	Passing Year	No. of Attempts	Marks Obtained	DIV/ Percentage
MBBS		1 <sup>st</sup> Yr.			
		2 <sup>nd</sup> Yr.			
		3 <sup>rd</sup> Yr.			
		4 <sup>th</sup> Yr.			
		5 <sup>th</sup> Yr.			

## Work Experience

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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/ 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**

# 4

## Check List

- Have You:  Filled all relevant columns  Enclosed attested / certified copies of academic transcripts.  
 MBBS 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 \_\_\_\_\_