



SARGODHA MEDICAL COLLEGE
UNIVERSITY OF SARGODHA
APPLICATION FORM FOR HOUSE JOB

02 Photo

Category Applied For: (I) Straight (II) Rotatory .

Priority if applicable: First **06 Months** (Medicine or Surgery & Allied) Second **06 Months** (Surgery or Medicine & Allied)

Name: _____ Age _____ Sex _____

Father's Name: _____ Nationality _____

Postal Address: _____

Contact No: _____

CNIC No. _____ E-mail: _____

PM&DC Registration No. _____ Valid up to: _____

ACADEMIC/PROFESSIONAL RECORD:

Examination Passed	Year of Passing	Marks Obtained	Total Marks	Attempt	Division	Name of College	Name of the Board/University
Matric							
F.Sc.							
MBBS (Part-I)							
MBBS (Part-II)							
MBBS (2 nd Prof.)							
MBBS (3 rd Prof.)							
MBBS (Final Prof.)							

Name of College: _____ SMC Government Private

ACADEMIC DISTINCTIONS, IF ANY

Distinction if any _____

College/University Position _____

Details of previous House job (if any) with name of Hospital, institution, specialty & duration (for straight only).

UNDERTAKING BY THE APPLICANT

- I hereby undertake that the information given above by me is correct and I have not concealed.
- In case of any concealment, I will not object on disciplinary action against me.
- I also undertake that I will abide by the rules/regulations/policies of the Institute.

Signature of the Candidate

DOCUMENTS TO ATTACHED WITH APPLICATION.

- (A) COPY OF CNIC (B) COPY OF PROVISIONAL CERTIFICATE / DEGREE (C) COPY OF ALL MARK SHEETS (D) ATTEMPT CERTIFICATES (E) COPY OF VALID PM&DC REGISTRATION (F) 02 PHOTOGRAPH (G) PREVIOUS HOUSE JOB CERTIFICATE, (FOR STRAIGHT HOUSE JOB ONLY)
- (G) ALL RELEVANT DOCUMENTS MUST BE ATTESTED.
- (H) RECEIPT OR FORWARDING LETTER OF PM&DC REGARDING REGISTRATION.
- **Incomplete Applications will not be entertained. Decision of Selection Committee will be treated as final.**