



LIAQUAT NATIONAL HOSPITAL & MEDICAL COLLEGE



Application for Electives in Basic Medical Sciences for Inter & A-Level Students

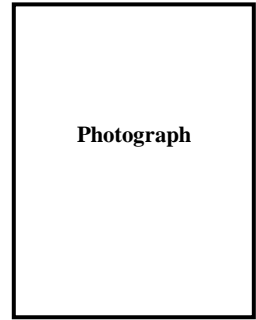
Name: _____

Father's Name: _____ Occupation: _____

Name of College/ School in which you are currently enrolled: _____

Present Address: _____

Telephone Number: _____ Cell # _____ Date of Birth: _____



Photograph

ACADEMIC QUALIFICATIONS:

Qualification (Please Tick)	Grade/ % in last exam	School/ College	Subjects	Board/University
Matriculation/ "O" Level				
Intermediate I, II. "A" Level A ₁ , A ₂				

Future Aspirations/ Goals: _____

REFERENCES: (Give references of two Faculty Members of your Institution)

Name: _____
 Address: _____
 Designation: _____
 Contact # (Off.) _____ (Res.) _____
 Mobile _____

Name: _____
 Address: _____
 Designation: _____
 Contact # (Off.) _____ (Res.) _____
 Mobile _____

I solemnly declare that I will obey all the rules & regulations of the institution.

Date: _____

Signature: _____

For Office Use Only:

Selection for: _____ Department

Period: From _____ To _____

Remarks (if any): _____