

### **Rawal Institute of Health Sciences**

Lehtrar Road Khanna Islamabad. Ph: 051-2617381-3 E-mail: <u>info@rihs.edu.pk</u> Website: www.rihs.edu.pk

#### **Application for Training in MS UROLOGY (2024-28)**

Please read and follow the below mentioned instructions carefully:

- 1. Fill in the form in block letters. (Type/Write)
- $2. \ \ Do \ not \ over-write \ or \ use \ blocking \ fluids \ e.g. \ Blanco, \ etc.$
- 3. It is suggested that, at first the photocopy of each form to be filled. The original forms may then be filled accordingly.
- 4. The attesting authorities, where not mentioned, will be as per the rules of the Government of Pakistan.

Passport Size Photograph (Attested on the front)

Name of Applicant:		(	Gender: Male Female			
Father's Name:		Guardian's Name:				
ate of Birth: (DD/MM/ YYYY) Marital Status: Single Married						
CNIC/Form B.No						
Nationality:	Passport No	o. (Foreign/Expatriate applica	ant):			
<b>Contact Details:</b>						
Phone #:	—— Personal Mobile1: What Sapp Number: ————————————————————————————————————		Number: —			
Personal Email:						
Present Mailing Address:						
Street Address	District/Tehsil	City	Country			
Permanent Address:						
Street Address	District/Tehsil	City	Country			
Person to be contacted in case of emergency:						
Address:						
Phone #:	M	obile #:				

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# **Application for Admission in MS UROLOGY**

# **Educational Qualifications**

Certificate/Degree	Institution Attended	Board/University	Grades/Marks	Year Passed
SSC or Equivalent				
HSSC or Equivalent				
MBBS				
Any other				
				•
Prom From	ear house job after gradu To	na <mark>t</mark> ion is mandatory for ad	mission) Institution	
ofossional Evr				
oressional exp	perience			
Duration	perience	Position		Institution
	perience	Position		Institution
	perience	Position		Institution
	perience	Position		Institution
Duration				Institution
Duration	/Positions/Schola			Institution
Duration				Institution
Duration onors/Medals		arships		
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Duration  Diraction		arships		
Duration  onors/Medals		arships		

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# **Application for Admission in MS UROLOGY**

## **Declaration of the Candidate**

Training to Rawal Instit admission application a statements, particulars Rawal Institute of Heal	cute of Health Sciences so are true to the best of my s or documents are found th Sciences or if admitted y studies with all dues pa	elemnly affirm and declar wknowledge and belief. I to be incorrect or forged d, I will be subject to expu	fully understand that if an d, I would be subject to ref ulsion from the college wit	particulars mentioned in the y of the above mentioned fusal of admission to the
Date:			Siį	gnature of Applicant
Sponsor's Infor Who will sponsor (bear Father	mation: ) your educational expens  Mother	ses of this Programme: _ Guardian	Self	Other
Monthly income of spo	nsor: Rs	US\$	Foreign Source	Pakistan Source
Can sponsor easily mee	et the educational expens	es of whole duration of th	is Programme? Ye	s No

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# **Application for Admission in MS UROLOGY**

Note: I	Please do not forget to atta	ch the following with the application	n form:			
Three at	tested copies of each of the follow	ving:				
•	Matric/Equivalent Certificate					
•	F.Sc (Pre-Medical)/Equivalent Ce	rtificate (From IBCC)				
•	MBBS Degree					
•	MS-I Pass letter					
•	Detailed mark sheet/ Transcript					
•	PMDC registration					
•	House job certificate					
•	Experience Certificate					
•	2 recent passport size photographs (attested from back side)					
•						
•	Computerized National Identity Card of Father/Guardian					
•	English Proficiency Certificate (for foreigners only)					
•	Workshop/Conference certificates ( if any)					
•	Passport (for Foreign/Expatriate seats)					
The Col	llege authority(s) reserves ever	etion fee will not be entertained.  Ty right to reject the admission at any time antee for admission in Postgraduate Programmer.				
		For office use only				
	Matric					
	F.Sc					
	MBBS					
	MS-I					
	Interview					
	Total Weightage					
Admiss	sion granted	Admission not granted				