

### **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 Trainign in MS UROLOGY**

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:	
Date of Birth: (DD/MM/ YYYY)		Marital St	atus: Single Married
CNIC/Form B.No			
Nationality: Contact Details:	Passport No	o. (Foreign/Expatriate applic	ant):
Res. Ph #:	s. Ph #:Personal Mobile1:Personal Mobile 2:		Nobile 2:————
Personal Email:			
Present Mailing Address:		2	
Street Address	District/Tehsil	City	Country
Permanent Address:			
Street Address	District/Tehsil	City	Country
Person to be contacted in case o	f emergency:		Relationship:
Address:			
Res. Ph #:	Mo	bile #:	

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## **Application for Admission in MS UROLOGY**

## **Educational Qualifications**

(Please attach attested photocopies of the supporting documents)

	ed photocopies of th		,	
Certificate/Degree	Institution Attended	Board/University	Grades/Marks	Year Passed
SSC or Equivalent				
HSSC or Equivalent				
MBBS				
Any other				
House Job (one year house job after graduation is mandatory for admission)				

<b>House Job</b>	(one year house job after gradu	uation is mandatory for admission)
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From	То	Institution

#### **Professional Experience**

Duration	Position	Institution

### Honors/Medals/Positions/Scholarships

Institution/Occasion	Year
	Institution/Occasion

Extra-Curricular Activities/Interests: _	

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### **Declaration of the Candidate**

Trainig to Rawal Institute of Health Sciences solemnly affirm and declare that all statements and particulars mentioned in admission application are true to the best of my knowledge and belief. I fully understand that if any of the above mentione statements, particulars or documents are found to be incorrect or forged, I would be subject to refusal of admission to the Rawal Institute of Health Sciences or if admitted, I will be subject to expulsion from the college without notice at any time during the course of my studies with all dues paid by me to the college shall standing forfeited in addition to the initiation appropriate legal action against me.	ed ie e
Date: Signature of Applica	nt
Sponsor's Information: Who will sponsor (bear) your educational expenses of this Programme:  Father Mother Guardian Self Other	
Monthly income of sponsor: Rs US\$ Foreign Source Pakistan Source	
Can sponsor easily meet the educational expenses of whole duration of this Programme? Yes No	

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Note: Please do not forget to at	tach the following with the application form:
Three attested copies of each of the fol	lowing:
Matric/Equivalent Certificate	
F.Sc (Pre-Medical)/Equivalent	Certificate (From IBCC)
MBBS Degree	
MS-I Pass letter	
Detailed mark sheet/ Transcri	ipt
PMDC registration	
House job certificate	
Experience Certificate	
2 recent passport size photogr	raphs (attested from back side)
	ty Card/Form-B of the candidate
Computerized National Identification	
English Proficiency Certificate	
Workshop/Conference certification	
Passport (for Foreign/Expatria)	rte seats)
The College authority(s) reserves ev	ication fee will not be entertained.  Very right to reject the admission at any time or on any grounds. Mere submission arantee for admission in Postgraduate Programme.
	For office use only
Matric	
F.Sc	
MBBS	
MS-I	
Interview	
Total Weightage	
Admission granted	Admission not granted
	Director Admissions

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