

PESHAWAR MEDICAL COLLEGE
WARSAK ROAD, PESHAWAR

APPLICATION FORM FOR POSTGRADUATE ADMISSIONS

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Educational Information

Degree	Title of Degree	Institute/Board /University	Passing Year		No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Matric							
Intermediate							
Bachelors/ Equivalent	(Write relevant degree title)		1 st Yr				Obtained All Prof/ Total All Prof _____ / _____ (_____ %)
			2 nd Yr				
			3 rd Yr				
			4 th Yr				
			5 th Yr				
Masters/ Equivalent							

Other Relevant Qualifications / Courses

Qualifications	Subject	Institute/Board/ University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Computer Training & Diplomas						

Experience

[illegible]

Research Papers / Publications with Impact Factor

(Attach a complete list with proper citations)

Publication Title	Authorship (Number)	Index/Journal	Impact Factor	Status

Check List: -

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

Applicant's Signature

- ☐ I have filled all the relevant columns.
- ☐ Enclosed attested / certified copies of academic transcripts
 - ☐ Matriculation Certificate
 - ☐ Intermediate Certificate
 - ☐ Bachelors Certificate (Attach copy of Detailed Marks Certificate of each year)
 - ☐ Masters Certificate
 - ☐ Copies of the Publications attached (Number of Copies _____)
 - ☐ Experience Certificates
- ☐ Enclosed attested copy of CNIC.
- ☐ Enclosed Bank Draft / PMC Receipt Slip of Rs. 3000/=

Applicant's Signature

Disciplines:-

1. M.Phil Basic Dental Sciences (02 Years)

Oral Pathology, Oral Biology, Dental Material

Eligibility: - For M. Phil (Basic Medical & Dental Sciences) candidate must hold MBBS/BDS degree. Submit the form to manager.pg@prime.edu.pk or office of Manager Medical and dental Postgraduate studies at Peshawar Medical College, Riphah Peshawar Campus