**HOUSE JOB REGISTRATION FORM**

Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S/o, D/o, W/o: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block Letters)

JMC Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Name of College/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: (Male)\_\_\_\_\_\_\_ (Female)\_\_\_\_\_\_\_\_\_, CNIC/Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/yyyy)

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Provisional P.M.D.C. Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Rotation Preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination Passed**  | **Obtained Marks**  | **Total Marks**  | **Attempts** | **Distinction (if any)** |
| First Year Prof. MBBS |  |  |  |  |
| Second Year Prof. MBBS  |  |  |  |  |
| Third Year Prof. MBBS |  |  |  |  |
| Fourth Year Prof. MBBS |  |  |  |  |
| Final Year Prof. MBBS |  |  |  |  |

**Mark (✔) if you need Accommodation and Transport facilities:**

**1..**Accommodation: [ ] Yes [ ] No**, 2.** Transportation: [ ] Yes [ ] No, **3.** Mess: [ ] Yes [ ] No

**Declaration:**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand and agree to abide by the rules and regulations set forth by Jinnah Medical College, and Teaching Hospital, Peshawar, during my House Job.

Candidate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (dd/mm/yyyy)

**Documents Required:**

1. JMC graduates will have to submit their applications to the office of the **Principal, JMC**, along with the following documents:
2. Three recent passport size photographs,
3. Copy of CNIC,
4. Attested copies of Mark Sheets of all professional examinations,
5. Attested copy of P.M.D.C. Provisional License.
6. The applicants who are not graduates of JMC will need to submit the following additional documents:
7. Their documents must be duly verified by the last attended Institute.
8. No-Objection Certificate (NOC) from the office of the Principal of their concerned Institute.