

CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY



CONVOCATION 2016



4th Convocation of CMH Lahore Medical College & Institute of Dentistry is scheduled to be held tentatively during third week of March 2016 to confer Degrees upon the undergraduates who meet the mandatory requirements and have successfully qualified 5 year MBBS & 4 year BDS programmes



Registration forms are available on www.cmhlahore.edu.pk Please send the filled registration forms at email address physiocmh@gmail.com

Last date for registration is 25 February, 2016

For detailed Program the Graduates are advised to contact the Convocation Office in the Dept of Physiology

For further information please contact Organizing Secretary Convocation 2016 Prof. Dr. [Shahid Hasan](#) on Cell No. 03025165946, Email: physiocmh@gmail.com

CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY

CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY
[Abdur Rehman Road Lahore Cantt. Pakistan](#)

Phone: 092-42-36605550
Fax: 092-42-36605551
E-mail: physiocmh@gmail.com



CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY



CONVOCATION 2016 Attention Graduates of MBBS (4th Batch) REGISTRATION FORM

Please Fill all fields in Application Form :

MBBS Graduates- 4th Batch							
Name of graduate							
Home Address							
Contact No		Res:			Mobile:		
CNIC No							
UHS Reg No					UHS Roll No:		
Email Address							
Academic Performance							
		Marks	Position if any (in first-3)		Top Position(Any Subject)		Position/Distinction UHS
1st Prof	Part-I						
	Part-II						
2nd Prof							
3rd Prof							
Final Prof							
Extra Curricular Activities							
		Position (First 3)					
Sports							
Debates							
Dramatic Club							
Art/Design Photography							
Publications							

Particulars of Parents/Blood relations as guest (Only 2 X guests allowed)

Guest 1	
Name	
Relationship	
CNIC	
Contact No	
Designation	
Present Address	
Permanent Address	
Guest 2	
Name	
Relationship	
CNIC	
Contact No	
Designation	
Present Address	
Permanent Address	

REGISTRATION FORMS MUST BE E-mailed BY 25TH FEBRUARY 2016

Please E-Mail Completed Forms To physiocmh@gmail.com

For further information please contact Organizing Secretary Convocation 2016 Prof. Dr. Shahid Hasan

on

Cell No. 03025165946, Email : physiocmh@gmail.com



CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY



CONVOCATION 2016 Attention Graduates of BDS (3rd Batch) REGISTRATION FORM

Please Fill all fields in Application Form :

BDS Graduates- 3rd Batch							
Name of graduate							
Home Address							
Contact No	Res:		Mobile:				
CNIC No							
UHS Reg No			UHS Roll No:				
Email Address							
Academic Performance							
	Marks	Position if any (in first-3)		Top Position (Any Subject)		Position/Distinction UHS	
1st Prof							
2nd Prof							
3rd Prof							
Final Prof							
Extra Curricular Activities							
	Position (First 3)						
Sports							
Debates							
Dramatic Club							
Art/Design Photography							
Publications							

Particulars of Parents/Blood relations as guest (Only 2 X guests allowed)

Guest 1	
Name	
Relationship	
CNIC	
Contact No	
Designation	
Present Address	
Permanent Address	
Guest 2	
Name	
Relationship	
CNIC	
Contact No	
Designation	
Present Address	
Permanent Address	

REGISTRATION FORMS MUST BE E-mailed BY 25TH FEBRUARY 2016

Please E-Mail Completed Forms To physiocmh@gmail.com

For further information please contact Organizing Secretary Convocation 2016 Prof. Dr. Shahid Hasan

Cell No. 03025165946, Email : physiocmh@gmail.com