

CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY



CONVOCATION 2017



5th Convocation of CMH Lahore Medical College & Institute of Dentistry is scheduled to be held tentatively during third week of March 2017 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 24 February, 2017

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 2017 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 2017

Attention Graduates of BDS (4th Batch)

REGISTRATION FORM

Please Fill all fields in Application Form :

BDS 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						
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, Children are not 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 24TH FEBRUARY 2017

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

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CMH LAHORE MEDICAL COLLEGE & INSTITUTE OF DENTISTRY



CONVOCATION 2017

Attention Graduates of MBBS (5th Batch)

REGISTRATION FORM

Please Fill all fields in Application Form :

MBBS Graduates- 5th 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							

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Relationship	
CNIC	
Contact No	
Designation	
Present Address	
Permanent Address	

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