

SCHOOL OF ALLIED HEALTH SCIENCES, CMH LAHORE MEDICAL COLLEGE & IOD



Abdur Rehman Road Lahore Cantonment Pakistan

APPLICATION FORM FOR INTERNSHIP - MIT

- 1. Please complete relevant sections and attach any additional information if necessary or you wish to provide
- 2. Your application and personal information will be kept confidential

Section: I (Pers	sonal Inform	ation)							
Name:						Passport Size			
Father's / Husb	Father's / Husband's Name:								
Mother's Name	:								
Gender:	Gender: Male Female Marital Status: Single Married								
Date of Birth:	Date of Birth: D D - M M - Y Y Y Place of Birth:								
CNIC #:									
_				<u> </u>					
Religion:		_ Nationali	ty:	Blood G	roup:				
Telephone:	Felephone:Mobile Phone:				E-Mail:				
Permanent Ac	Permanent Address:								
Present Addr	ess:								
In case of emer	aency nersor	to he conto	cted:						
				p:	Telepl	hone:			
		_		- -					
	ile Phone: Fax No E-Mail:								
	Mailing Address:								
Section: II (Registration)									
Provisional AHPC Registration No: Date: Valid Up To:									
University Registration No College Roll Number									
Section: III (Acad	emic History))							
College / Ur	niversity Gra	duated fron	n						
MIT Passir	ng Year:		Session:	Annua	l Si	ipplementary			
				Total Maulta	Dangantaga				
Profess	sionals	Roll No.	Obtained Marks	Total Marks	Percentage	Attempt			
1st Prof									
2 nd Prof									
Ath Prof									

Section: IV (Employment Record)

Please give detail of Internship / House Job (if any) in chronological order, starting with most recent:

Sr. #	Specialty	Position Held	Duration		Institution / Hospital
			From	То	mstration / nospital
1.					
2.					
3.					
4.					

Section: V (For Applicants of other Allied Health Sciences Institute Only) Reason not to join your Parent Institute for Internship / House Job?							
Is any employee of CMI (If yes please specify):	H LMC & IOD / SAHS known t	o you?	Yes	No			
Name:		Designati	on:				
Department:		Relations	hip with you:				
Other References:							
Name	Business / Occupation		Contact	Mailing Address			
		Office					
		Mobile					
		Office					
		Mobile					
Section: VI (Declaration /	Undertakina)						
I, hereby declare that the st that I will be held liable for	atements made by me in this for wrong disclosure of information by the rules & regulations of the	n or docum	ent requested by or sul	bmitted to the institution. I also			
Applicant Signature:	Date:						
iv. Copy of Provisional AH	ize photographs (Blue Back gro IPC License & Provisional Certific documents, i.e all Pass DMS / DN	ate					