



JINNAH SINDH MEDICAL UNIVERSITY

For Admission in MPhil (Clinical Pathology & Histopathology 2019-20)

Application No. _____

Course applied for (√)

01. Master of Philosophy in Clinical Pathology
 02. Master of Philosophy in Histopathology

Photograph

PERSONAL INFORMATION

Name of applicant: _____

S/o, D/o, w/o: _____

Date of Birth: _____ Age: _____ Gender: _____ Nationality: _____

Candidate CNIC: _____ E-mail: _____

ACADEMIC QUALIFICATIONS

List all the colleges and universities attended in reverse chronological order. Begin with the most recent university.

| NAME OF INSTITUTION | PLACE, COUNTRY | DATES ATTENDED | | DEGREE NAME | PASSING YEAR | MARKS OBTAINED / GPA | TOTAL MARKS |
|---------------------|----------------|----------------|----|-------------|--------------|----------------------|-------------|
| | | FROM | TO | | | | |
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PROFESSIONAL EXPERIENCE

Please describe briefly the nature of your work and responsibilities. List most recent employment first.

| NAME OF INSTITUTION | MAJOR RESPONSIBILITIES AND ACTIVITIES | POSITION | DATES EMPLOYED | |
|---------------------|---------------------------------------|----------|----------------|------|
| | | | TO | FROM |
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TOTAL EXPERIENCE IN RESPECTED FIELD:

YEARS

MONTHS

ADDITIONAL SKILLS

- English proficiency:

Excellent

Good

Average

- Computer skills:

MS Word

MS Power point

MS Excel

SPSS

STRATA

Other

PUBLICATIONS

Number of Publications in HEC/PMDC Recognized Journals

Check List

| One set of attested photocopies of following documents are required to submit | Yes / No |
|---|----------|
| Matriculation Certificate / O Level Certificate | |
| Intermediate Certificate /A Level Certificate | |
| Bachelor's Degree (MBBS or equivalent degree registered by PM&DC) | |
| Candidates CNIC | |
| House Job certificates | |
| Valid PMDC Certificate/ | |
| Post Graduate degree/certificate | |
| House Job Certificate | |
| Previous Experience Certificates | |
| Challan for Processing Fees In favor of JSMU (Rs. 2000/-) | |
| GAT (General) Passing Certificate | |
| Three Photographs | |

Current Address: _____

Permanent Address: _____

Office Address: _____

Office Contact No: _____ Home Tel No: _____

Candidate Cell No: _____ Spouse/ significant/other Cell. _____

Date of Submission (dd/mm/yy): _____

Signature of the Applicant

Application form to be sent:

Admission cell, Jinnah Sindh Medial University, Rafiqui H.J. Shaheed Road-75510, Karachi

With photocopies of required documents

admissions@jsmu.edu.pk