



**ADMISSION FORM (MASTER IN COMMUNITY EYE HEALTH)**

Serial No. \_\_\_\_\_

Please read the instructions carefully. Fill in your own handwriting (with blue ballpoint, without cutting, overwriting and fluid) all the relevant information, provided in this form and attach all the required documents, Incomplete form will be rejected.

I, the undersigned applicant, desire admission as a student at the College of Ophthalmology & Allied Vision Sciences (COAVS) for the session beginning January 2019.

1. Registration No.  (For Office Use)

2. Name of Candidate  (Block Letters)

3. N.I.C. No.  -

4. Father's Name  (Block Letters)

5. Present Postal Address \_\_\_\_\_  
(For correspondence)

Tel: (R) \_\_\_\_\_ Tel: (O) \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Permanent Address: \_\_\_\_\_

Tel: (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax: \_\_\_\_\_

7. Date of Birth / /  8. Sex : M  F   
(dd / mm / yy)

9. Place of Birth \_\_\_\_\_ 10. Marital Status \_\_\_\_\_

11. Domicile/ Nationality \_\_\_\_\_

Roll No. \_\_\_\_\_  
(For Office Use)

**Paste Photograph**  
*(Passport Size)*

- Without attestation
- Light blue background

**Paste Photograph**  
*(Passport Size)*

- Attested from front
- Light blue background

12. Education:

Examination	School/College/University	Board/University	Registration no.	Year of Passing	Roll No.	Total Marks	Marks obtained	Division /Grade
Matric								
F.Sc (Pre-Medical)								
MBBS								
MS/FCPS/FRCS or Equivalent as approved by PMDC								
Others								

13. Work Experience(Use separate sheet if needed):

Job Title	Organization	From	Till

**Provisional Acknowledgement**

(To be filled in by the candidate)

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

Receiver's Signature \_\_\_\_\_

14. Publications (Use separate sheet if needed):

Title	Name of Journal	Year

- I solemnly declare that the particulars given above are true & that I understand that I shall be responsible for the consequences in case of any difficulty arising out of inaccuracy therein & that if any of the information provided is found wrong at any stage of studies after admission to COAVS, my admission shall stand canceled & I shall be liable to deposit all the expenditures incurred upon my studies along with any disciplinary action as imposed by the Principal/ Director General of the College.
- I also declare that I shall not leave the course before its completion (2 years). If I leave before that period I shall be liable to deposit all the expenditures incurred upon my studies as determined by the Principal/ Director General of the College.
- I agree to pay Registration Fee, Examination Fee and other charges as determined by the Registering/ Examining institution (King Edward Medical University/ College of Physicians & Surgeons of Pakistan, as applicable)
- I have read the instructions and shall abide by them. I understand that decision of the Principal/ Director General of the College shall be final and binding upon me.

Signature of the Candidate: \_\_\_\_\_

### **INSTRUCTIONS FOR FILLING THE ADMISSION FORM**

Candidate is directed to read and comply with instructions hereunder before filling the Admission Form.

1. The Admission Form found to be incomplete or containing incorrect entries will not be accepted/ entertained and the candidate will be responsible for any sort of delay or loss.
2. Each candidate (Male/Female) must enclose five latest identical passport size Photographs (with sky blue background), duly attested, along with the Admission Form. Two photographs must be pasted at the specified places on page 1 and other three be attached along-with the form (Name and Father's name must be mentioned on the back side of photographs).
3. All the entries must be filled in with BLUE ballpoint. Don't use ink pen.
4. Fill your Name, Father's Name according to your Intermediate Certificate. In case of any discrepancy, the form will be rejected.

**NOTE:** Before submitting the form in the College, please check your form and note that you have filled all the columns according to the instructions correctly and attached all the required documents. Send your form with documents in one envelope by Registered A/D to **PRINCIPAL/DIRECTOR GENERAL COLLEGE OF OPHTHALMOLOGY & ALLIED VISION SCIENCES (COAVS), at Mayo Hospital Lahore** or deposit it personally at the above mentioned address and get a receipt. Please don't send the form of any other candidate along-with your own form in the envelope otherwise both the forms will be rejected.

I hereby declare that I have read the above instructions carefully and shall abide by them. I have attached the following documents, duly attested; with the Admission Form (*Tick whatever is applicable*):

- Attested photocopy of Degree/ Provisional Certificate or Result Card of last examination
- Attested photocopy of Intermediate Certificate
- Attested photocopy of Matriculation Certificate
- Experience Certificate/ Testimonial
- Attested photocopy of Computerized National Identity Card
- Attested photocopy of Domicile Certificate
- Copy of publication
- Five attested passport sized photographs
- Any other document (please mention)

Signature of the Candidate: \_\_\_\_\_

Date: \_\_\_\_\_