



**LIAQUAT COLLEGE OF MEDICINE & DENTISTRY
REGISTRATION FORM**

3rd CONVOCAATION - 2017

GRADUATE COURSE

STUDENT YEAR

Paste
Photograph

Name: _____

Father's Name: _____

Address: _____

Tel: _____ Cell #: _____ Fax #: _____

Email: _____ C.N.I.C #: _____

Date of Birth: (DD/MM/YY): _____ Marital Status: _____

Nationality: _____ Religion: _____

Year of Enrolment with Batch No: _____ Year of Passing: _____

House Job Completion Year: _____ House Job completed from: _____ to _____

SIGNATURE DOCTORS / CANDIDATES

Note: Documents required with the form:

1. All Prof. BDS/MBBS Mark Sheets copy/consolidated Marks Sheet
2. NIC Copy
3. Enrollment card copy
4. Photograph 1/-