



LAHORE
MEDICAL & DENTAL
COLLEGE

Medical & Dental College
Canal Bank North, Tulpura, Lahore-53400
Lahore Contact No: +923464418891-98
E-mail: info@lmdc.edu.pk

Photograph

**APPLICATION FORM FOR HOUSE JOB TRAINING IN DENTAL COLLEGE, LM&DC,
LAHORE**

PERSONAL DATA:-

Name of the applicant: _____

S/o, D/o, W/o: _____ Graduated from _____

_____ in Annual/Supplementary exam _____

National I.D. Card:

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Date of Birth: _____ Blood Group: _____

PROVISIONAL PMDC Reg. No: _____ Valid up to _____

Nationality: _____ Religion: _____

Home Address: _____

Permanent address: _____

Ph. (Res.) _____ Mobile _____ E. mail _____

EDUCATION:

Name and Place	Year Attended		Total Marks	Marks obtained	Grade/ Percentage
	From	To			
(Matriculation)					
(F.Sc)					
1 st year BDS					
2 nd year BDS					
3 rd year BDS					
4 th year BDS					

Declaration:

I hereby declare that all statements made by me are true and complete (all my credentials are valid) to the best of my knowledge and belief. No litigation is under process against me. I understand any misrepresentation or material omission made herein or in any other document requested by the LM&DC renders me liable to litigation and /or dismissal. I also hereby solemnly affirm that I will not indulge in any Political activities or against in any national securities or against the interests of Lahore Medical & Dental College Lahore. If found, I accept any punishment which is imposed upon me by the College Administration.

Signature of the Applicant**Dated:**