

# APPLICATION FORM FOR HOUSE JOB (FOUNDATION YEAR) MAYO HOSPITAL LAHORE

Diary No		Me	erit Nu	umbe	r				
PERS	Photograph								
Applicant Name							Size 2x2 inches		
S/O, D/O, W/O							]		
Father Profession							]		
Date of Birth			-			, <del>-</del>			
CNIC NO				-					
Passport Number (Fo	r Foreig	ners	only)				· · . · · · · ·		
District of Domicile				Nati	onality	•			
Marital Status				Relig	gion				
Email Address				Bloo	d Gro	ıp			
Contact Details	(Residence	ce)		Mob	ile No		Formign w		
Mailing Address							May See Mills		
Permanent Address (if different from above)									
Date of Graduation (MBBS) Month /Year									
Institute from where Graduated	,								
PM&DC Provisional Registration Number				Valid	d upto				
BA	NK DE	ΓΑΙ	LS (Fo	or Pai	d Hous	e Officer	s only)		
Bank Name									
Bank Address & Phone	Number								
Bank IBAN NO		1							

# ACADEMIC QUALIFICATION

- 1. Merit will be made on aggregate percentage of Final Professional Exam of MBBS.
  - 2. 25 marks will be deducted for each additional attempt in all Professional Exams of MBBS.
- 3. Foreign Medical Graduates must submit their transcript in English on which percentage is mentioned for making the merit list.

FINAL YEAR MBBS	No. of Attempts of MBBS	For Foreign Medical Graduates to mention their marks and percentage.			
Total Marks	1st Year	Total Marks			
Marks Obtained	2 <sup>nd</sup> Year	Obtained Marks			
Percentage	3 <sup>rd</sup> Year	Aggregate Percentage			
	4 <sup>th</sup> Year				
	Final Year				



# CANDIDATE MUST GIVE HIS/HER PREFERENCE OF HOUSE FLOW AS BELOW

NOTE:- The rotation will be in couplet formation i.e. Medicine & Allied Medicine and General Surgery & Allied Surgery

SR#	WARD/DEPARTMENT/UNIT	WRITE SR.# FOR PREFERENCE OF SEQUENCE
1	General Medicine & Allied Medicine & General Surgery & Allied Surgery	
2	Allied Medicine & General Medicine & Allied Surgery & General Surgery	
3	General Surgery & Allied Surgery & General Medicine & Allied Medicine	
4	Allied Surgery & General Surgery & Allied Medicine & General Medicine	

#### (CANDIDATES PREFERENCE FOR SELECTION OF WARDS)

Г	GENERAL MEDICINE (PREFERENCE)					GENERAL SURGERY(PREFERENCE)			
	1	East Medical Ward	1		1	East Surgical Ward	1		
	2	West Medical Ward	2		2	West Surgical Ward	2		
	3	South Medical Ward	3		3	South Surgical Ward	3		
	4	North Medical Ward	4		4	North Surgical Ward	4		

	ALLIED MEDICINE (P	ERENCE)	ALLIED SURGERY(PREFERENCE)				
1	Cardiology Department	1		1	ENT Unit -I	1	
2	Radiology Department	2		2	ENT Unit-II	2	
3	Chest Medicine Ward	3		3	Eye Unit-I	3	
4	Oncology & Radiotherapy	4		4	Eye Unit-II	4	
5	Neurology Ward	5		5	Eye Unit-III	5	
6	Dermatology Unit-I	6		6	Cardiac Surgery	6	
7	Dermatology Unit-II	7		7	Chest Surgery	7	
8	Psychiatry Ward	8		8	Plastic Surgery	8	
9	Child Psychiatry Ward	9		9	Neurosurgery	9	
10	Nephrology Ward	10		10	Anaesthesia Unit-I	10	
11	Paediatric Medicine Unit-I	11		11	Anaesthesia Unit-II	11	
12	Paediatric Medicine Unit-II	12		12	Orthopaedic Unit-I	12	
13	Paediatric Preventive Department (Paeds Medicine Unit-I)	13		13	Orthopaedic Unit-II	13	
14	Paediatric Neonatology (Paeds Medicine Unit-I)	14		14	Urology Unit-I	14	
15	Emergency Medicine	15		15	Urology Unit-II	15	
16		16		16	Paediatric Surgery	16	
17		17		17	Gynae Unit-I (LWH)	17	
18		18		18	Gynae Unit-II (LWH)	18	
19		19		19	Gynae Unit-III (LWH)	19	
20		20		20	Gynae Unit-IV (LAH)	20	
21		21		21	Gynae Unit-V (LAH)	21	

#### NOTE:-

- 1. Every applicant must opt for four compulsory rotations of three months each.
- Applicants will be divided into 4 batches.
- Each batch will be rotated according to their merit in General Medicine, any Allied Medicine and General Surgery
  & any Allied Surgery. The form is to be submitted to the office of the Medical Superintendent, Mayo Hospital,
  Lahore according to the notified schedule.
- Gynecology & Obstetrics Rotation in Lady Willingdon Hospital & Lady Aitchison Hospital are for paid House Officers only.

# (Attested copies of following documents must be attached with the application)

(1) Matric Certificate/Degree (2) F.Sc Certificate/Degree (3) MBBS Degree/Provisional Certificate (4) Result cards of all professional Exams (5) Attempt Certificate from the Graduated College / University (6) CNIC / Passport (7) Domicile (8) PM & DC Provisional Medical License (KEMU Graduates must submit PMDC submission receipt) (9) Three photographs with white background, size 2x2 inches and from the front face with both ears visible (10) Affidavit on stamp paper Rs.100/- as per specimen provided & attested by Oath Commissioner.

### ALL OLD GRADUATE OF KEMU ARE DIRECTED TO ENTER THEIR PREVIOUS ROTATIONS AS BELOW

SR#	WARD/DEPARTMENT/UNIT	FROM	то
1			
2			
3			