MUHAMMAD INSTITUTE OF DIABETES AND ENDOCRINOLOGY (MIDE)

Muhammad Medical College, Ibn-e-Sina University, Mirpurkhas

ADMISSION APPLICATION FORM

Affix Recent Passport-size Photograph

SECTION A — PERSONAL INFORMATION

Academic Session	
Application No.	
Registration No.	
Full Name (as per CNIC)	
Father's / Husband's Name	
Date of Birth	
Gender	☐ Male ☐ Female
CNIC / Passport No.	
PM&DC Registration No.	
Nationality	

SECTION B — CONTACT INFORMATION

Mobile Number	
WhatsApp Number	
Email Address	
Postal Address	
City	
District	
Province	
Postal Code	

SECTION C — ACADEMIC QUALIFICATIONS

Qualification	Institution	University / Board	Year	Marks / CGPA
Matric / SSC				
Intermediate / HSSC				
Graduation (MBBS or Equivalent)				
Postgraduate Qualification(s)				
Other Qualification(s)				

SECTION D — HOUSE JOB DETAILS

Hospital / Institution	
Department(s) / Rotation(s)	
Duration (From – To)	
Supervisor / Consultant	
Remarks	

SECTION E — POSTGRADUATE TRAINING / QUALIFICATIONS

Qualification	
Specialty	
Institute / University	
Training Duration	
Year of Completion	
Registration / Roll No.	

SECTION F — PROFESSIONAL EXPERIENCE

Current Designation	
Current Hospital / Institution	
Department / Specialty	
Previous Employment	
Professional Experience (From – To)	
Total Clinical Experience	
Teaching Experience	
Research Experience / Publications	

SECTION G — PAYMENT DETAILS

Application Fee (Rs.)		**Course Fee (Rs.)**	
Amount Paid (Rs.)		**Date of Payment**	
Payment Method: ☐ Bank Deposit ☐ Online Transfer ☐ Easypaisa ☐ JazzCash ☐ Cash ☐ Other			
Branch		**Challan / Transaction No.**	
Reference Number		**Receipt Attached**	☐ Yes ☐ No

SECTION H — DOCUMENTS ATTACHED

Please tick all enclosed documents:

☐ CNIC ☐ Photographs ☐ Updated CV ☐ MBBS Degree ☐ PMDC Registration Certificate

☐ House Job Experience Certificate(s) ☐ Postgraduate Certificate(s) ☐ Fee Deposit Slip ☐ Other

SECTION I — APPLICANT'S DECLARATION

I hereby certify that all the information provided in this application, along with the attached documents, is true and correct to the best of my knowledge. I understand that any false statement or concealment of facts may result in the rejection of my application or cancellation of admission at any stage. I agree to abide by the rules and regulations of the Muhammad Institute of Diabetes and Endocrinology (MIDE) and Muhammad Medical College, Ibn-e-Sina University, Mirpurkhas.

Applicant's Signature	Date

FOR OFFICE USE ONLY

Documents Verified	☐ Complete ☐ Incomplete
Fee Verified	☐ Yes ☐ No
Eligibility	☐ Eligible ☐ Provisionally Eligible ☐ Not Eligible
Remarks	
Admission Committee	
Course Coordinator	
Director, MIDE	
Principal, Muhammad Medical College	