



Wah Medical College

Wah Cantt

House Job Trainee - Proforma

Paste
1x1 Picture

Fields marked with * are compulsory

PERSONAL INFORMATION													
* Full Name													
* Father's Name													
* College Roll No						* PM&DC Provisional Registration #							
* Date of Birth				* CNIC No									
* Present Address													
City		Province		Phone No									
* Permanent Address													
City		Province		Phone No									
* Email Address						* Mobile No							
* Blood Group				* Religion				* Sect					
Marital Status				Date of Marriage				No of Children					
* Contact Person in Case of Emergency						Phone No							
Chronic Disease/Disability (if any)													
Preference:													
Specialty of Surgery & Allied _____													
Specialty of Medicine & Allied _____													
												Signature _____	
												Dated: _____	
<u>For Office Use Only</u>													
1 Date Start of Training _____													
2 Specialty allotted from (1st half) _____ 2nd Half _____													
3 HJT ID Card No. _____													