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**			
Marital Status		**Transport Required**		**Hostel Required**	
*** Contact Person in Case of Emergency**				**Phone No**	
Chronic Disease/Disability (if any)					

Signature _____

Dated:_____

For Office Use Only

1 **Date Start of Training** _____

2 **Specialty allotted from (1st half)** _____ **2nd Half** _____

3 **HJT ID Card No.** _____