



# 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  |  | 2nd Year                |  | Obtained Marks                                                       |  |
| Percentage      |  | 3rd Year                |  | Aggregate Percentage                                                 |  |
|                 |  | 4th Year                |  | NLE PASS Result Cards                                                |  |
|                 |  | 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.

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

| 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 (PREFERENCE) |                                                             |    |  | 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 Department                                       | 8  |  | 8                          | Plastic Surgery         | 8  |  |
| 9                            | Child Psychiatry Department                                 | 9  |  | 9                          | Neurosurgery            | 9  |  |
| 10                           | Nephrology Department                                       | 10 |  | 10                         | ICU/Anaesthesia Unit-I  | 10 |  |
| 11                           | Paediatric Medicine Unit-I                                  | 11 |  | 11                         | ICU/Anaesthesia Unit-II | 11 |  |
| 12                           | Paediatric Medicine Unit-II                                 | 12 |  | 12                         | Orthopaedic Unit-I      | 12 |  |
| 13                           | Paediatric Preventive Department<br>(Paeds Medicine Unit-I) | 13 |  | 13                         | Orthopaedic Unit-II     | 13 |  |
| 14                           | Paediatric Neonatology<br>(Paeds Medicine Unit-I)           | 14 |  | 14                         | Urology Unit-I          | 14 |  |
| 15                           | Emergency Medicine                                          | 15 |  | 15                         | Urology Unit-II         | 15 |  |
|                              |                                                             |    |  | 16                         | Paediatric Surgery      | 16 |  |
|                              |                                                             |    |  | 17                         | Gynae Unit-I (LWH)      | 17 |  |
|                              |                                                             |    |  | 18                         | Gynae Unit-II (LWH)     | 18 |  |
|                              |                                                             |    |  | 19                         | Gynae Unit-III (LWH)    | 19 |  |
|                              |                                                             |    |  | 20                         | Gynae Unit-IV (LAH)     | 20 |  |
|                              |                                                             |    |  | 21                         | Gynae Unit-V (LAH)      | 21 |  |

**NOTE:-**

1. Every applicant must opt for four compulsory rotations of three months each.
2. Applicants will be divided into 4 batches.
3. 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.

**(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 (DMCs All Years)**(5)**Attempt Certificates from the Graduated College/University **(6)**CNIC/Passport**(7)**Domicile(Punjab)**(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 | TO |
|------|----------------------|------|----|
| 1    |                      |      |    |
| 2    |                      |      |    |
| 3    |                      |      |    |

## **AFFIDAVIT**

I Dr. \_\_\_\_\_ S/O,D/O,W/O \_\_\_\_\_ House officer,

Mayo Hospital Lahore, do hereby solemnly declare and affirm as under:-

1. That the information given by me in this application form is true and correct to the best of my knowledge and belief. I fully understand that the facts given above will serve as the basis for determination of my eligibility by the concerned authorities. My candidature so determined by the board/authorities will stand provisional until it is verified with the original certificates at the time of interview. I will not claim benefit of any information which is not mentioned in the application form and reproduced later on.
2. That I have not been already employed anywhere for house job and I am submitting my application through proper channel and I will ensure that I shall resign from my existing post (if any) when selected.
3. That I undertake to serve for the term of one year in case of selection as an interneer house Surgeon/Physician.
4. That I undertake to produce the registration of PM&DC.
5. That I also understand that after the submission of application, if my application stands incomplete, wrongly filled, unsigned or misstated in the above replies, disciplinary action shall be taken against me under the rules.
6. That I will not take part in any association/union.
7. That I will not take part in any subversive activities i.e. strikes, demonstration, Slogans, etc.
8. That I will be bound to abide by the rules, regulations and orders issued by the hospital authorities. I have read the rules and regulations carefully.
9. That if, I am found indulged in any such activities and/or violations of rules and regulations, my house job will be liable to be terminated without issuing any notice.
10. That I shall not claim stipend for the house job being graduated from private medical college or being foreign medical graduated.
11. That Being Kemcolian, I will not claim stipend for house job once I left any rotation of my house job.
12. That I shall not claim stipend for house job, if I left the rotation in between the rotation.

**SIGNATURE:** \_\_\_\_\_

**DR. NAME** \_\_\_\_\_

**CNIC NO.** \_\_\_\_\_

**PM & DC NO.** \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

**CELL NO.** \_\_\_\_\_

**ADDRESS.** \_\_\_\_\_