ADMISSION FEE: RS. 1,000/-

### Faisalabad Medical University, Faisalabad DEPARTMENT OF ALLIED HEALTH SCIENCES APPLICATION FOR ADMISSION IN BS PROGRAMMES, SESSION 2023-24

Name of Prog	Name of Programme:					
Medical Univ Please fill in t Admission fo Incomplete a	Ill be submitted by Han ersity, Faisalabad. he form in capital lette rm should be filled legi nd incorrect admission I choice field box when	rs and avoid over wr bly and correctly by form may be rejecte	iting. the candidate. ed.	d 4 X 4		
Punjab	KPK		Baluchistan			
Sindh	AJK &	GB	Foreigner			
FULL NAME:						
FATHER / GUAF	RDIAN'S NAME:			RELIGION:	-	
DATE OF BIRTH		Gender:	DON	MICILE:		
D D M M	YYYY	M				
		F				
PROVINCE:			E-MAIL:			
CANDIDATE CN	IC / B-FORM #:		CAI	NDIDATE CONTACT #:		
FATHER / CHAP	DIANIS CNIC #.		FA7	THER / CHARRIAN'S CONTACT #.	=10	
FATHER / GUAF	IDIAN 5 CNIC #:		T FAI	THER / GUARDIAN'S CONTACT #:		
					181	
POSTAL ADDRE	SS:					
PERMANENT AI	DDRESS:					
					_	
Educational Info	ormation:					
Qualification	Board / Institute	Passing Year	Total	Marks Percentage (%)		
35			Marks	Obtained Tercentage (70)	_	
Matric / SSC					_	
FSC / HSSC						
MDCAT	1				=	
(2023)		%ageMDCAT+ %ag	LICCO		_	

### **DOCUMENTS TO BE ATTACHED:**

I have attached attested copies of the following documents with this form:

- Certificate / DMC of SSC
- o Certificate / DMC of HSSC
- Certificate / DMC of MDCAT
- o Domicile
- o CNIC/ B-Form
- o Father / Guardian's CNIC
- o Three recent photographs with blue background
- o Paid copy of challan (original)

### NOTE:

- o All paid fees are non-refundable
- o Admission will be cancelled automatically if candidate does not deposit University fee within due date
- o Admission will only be confirmed after full payment of fee
- o 75% attendance is mandatory for appearing in any examination
- o No Hostel accommodation or transport facility will be provided

#### **DECLARATION:**

I hereby solemnly declare that:

- The information provided and statements made by me in this form are true and correct to the best of my knowledge and belief and nothing has been concealed or withheld herein.
- I shall be responsible if my application form is rejected for any error, information or incomplete entries made by me.

Date	Signature of Father/Guardian	Signature of Candidate
orm No		Admission No.
andidate Name:		
ather / Guardian Name:		
have received above menti	oned candidate's admission form along with	attached documents.



# Faisalabad Medical University Faisalabad University Copy

<b>Branch Code</b> : ]	Date:	
Branch Name:		
<b>BS Programmes Ad</b>	mission Fee, 2	2023-24
HBL HABIB BANK		
A/C Title: Faisalabad M	edical University	/ Faisalabad
A/C Number: 14667992		, =
<b>Branch:</b> HBL PMC B		
<b>Note:</b> Desire Bank stamp is r submit original deposit slip ( documents to University Offi	University Copy)	
Program Name:		
Applicant's Name:		
Father		
Name:		
CNIC No:		
Admission Fee:		1,000/-
Total payable Fee:		1,000/-
Applicant Signature	Cashier	Officer



# Faisalabad Medical University Faisalabad Applicant Copy

Branch Code:	Date:					
Branch Name:						
BS Programmes Admission Fee, 2023-24						
A/C Number: 1466799	l Medical University Faisalabad 92134603 C Branch Faisalabad					
	is required on the deposit slip & p (University Copy) along with Office.					
Program Name:						
Applicant's Name:						
Father Name:						
CNIC No:						
Admission Fee: Total payable Fee:	1,000/- <b>1,000/-</b>					
Applicant Signature	Cashier Officer					



# Faisalabad Medical University Faisalabad Bank Copy

<b>Branch Code</b> :		Date:	
<b>Branch Name</b>			
BS Prog	rammes A	dmission Fee,	2023-24
HBL HABIB BAN			
A/C Title:	Faisalabad 1	Medical Universi	ty Faisalabad
A/C Number:			
Branch:	HBL PMC	Branch Faisalaba	ıd
	deposit slip	s required on the (University Copffice.	
Program Name:			
Applicant's Name:			
Father			
Name:			
CNIC No:			
Admission Fe	*		1,000/-
Total payabl	Fee:		1,000/-
Applicant Sig	nature	Cashier	Officer