ADMISSION FEE: RS. 1,000/-

## Faisalabad Medical University, Faisalabad DEPARTMENT OF ALLIED HEALTH SCIENCES APPLICATION FOR ADMISSION IN BS PROGRAMMES, SESSION 2024-25

Name of Prog	ramme:				
NOTE:					
<ul><li>Medical Unive</li><li>Please fill in the</li><li>Admission for</li><li>Incomplete ar</li></ul>	Il be submitted by Han ersity, Faisalabad. ne form in capital lette m should be filled legil nd incorrect admission	rs and avoid over wri bly and correctly by t form may be rejecte	iting. he candidate. d.		
<ul> <li>Tick the small</li> </ul>	choice field box where	e provided. Category	:	4 X 4	
Category:					
Punjab	КРК		Baluchistan		
Sindh	AJK &	GB	Foreigner		
FULL NAME:					
FATHER / GUAR	DIAN'S NAME:			RELIGION:	
DATE OF BIRTH:		Gender:	DOM	1ICILE:	
D D M M	YYYY	M			
		F	<u>                                     </u>		
PROVINCE:			E-MAIL:		
CANDIDATE CNI	C / B-FORM #·		CAN	NDIDATE CONTACT #:	
	C / B   O K   W   #:			DIDATE CONTACT #:	
FATHER / GUARDIAN'S CNIC #: FATHER / GUARDIAN'S CONTACT #:					
FATHER / GUAR	DIAN 5 CNIC #:		FAI	HER / GUARDIAN'S CONTACT #:	
POSTAL ADDRES	SS:				
PERMANENT AD	DRESS:				
Educational Info	rmation:		Total	Marks	
Qualification	Board / Institute	Passing Year	Marks	Obtained Percentage (%)	
Matric / SSC					
FSC / HSSC					
MDCAT					
(2024)					
Aggregate		%age MDCAT + %	age HSSC		

## **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
- o Certificate / DMC of MDCAT
- o Domicile
- o Candidate 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
	Form No	
ındidate Name:		
NIC No.:		
nave received above mei	ntioned candidate's admission form along with	attached documents.