

DOCUMENTS TO BE ATTACHED:

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

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

NOTE:

- All paid fees are non-refundable
- Admission will be cancelled automatically if candidate does not deposit University fee within due date
- Admission will only be confirmed after full payment of fee
- 75% attendance is mandatory for appearing in any examination
- 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. _____

Admission No. _____

Candidate Name: _____

Father / Guardian Name: _____

I have received above mentioned candidate’s admission form along with attached documents.

_____ **Date**

_____ **Received By**



**Faisalabad Medical University
Faisalabad
University Copy**

Branch Code: _____ Date: _____

Branch Name: _____

BS Programmes Admission Fee, 2023-24



A/C Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad

Note: Desire Bank stamp is required on the deposit slip & submit original deposit slip (University Copy) along with documents to University Office.

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 Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad

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Applicant Signature	Cashier	Officer



**Faisalabad Medical University
Faisalabad
Bank Copy**

Branch Code: _____ Date: _____

Branch Name: _____

BS Programmes Admission Fee, 2023-24



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