

STUDENT BIODATA

Roll No. _____ Class _____

Date of Birth _____ District of Birth _____

Date of joining _____

Student CNIC No. _____

Father CNIC No. _____

Name _____ Blood Group. _____
(according to matriculation certificate)

Student Cell No.1. _____ 2. _____

Father's Name: _____

Father's Phone/Cell Nos.1. _____ 2. _____

Father's Occupation: _____

Domicile _____ Religion _____ Caste _____

Marks Obtained in F.Sc: _____ /1100.F.Sc.Roll No. _____

Year of Passing _____ Board of F.Sc. _____

Registration No. _____ College: _____

Email Address: _____

Postal Address: _____

Permanent Address: _____

Father/Guardian's annual income from all sources _____

In case of guardian, mention name, relation and address: _____

Postal Address/phone at which immediate contact could be made: _____

**I HEREBY CERTIFY THAT ENTIRES ON THIS FORM ARE CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Dated: _____.

Signature of Candidate

Photograph

Pakistan Medical Commission

Undergraduate Student Registration Form

Photo

Class Roll No.	Session:2021-2022
Title of Qualification	BDS
Name of College:	Punjab Medical College, Faisalabad
Admission Date:	
Seat No/Admission No.	Open Merit
PERSONAL DATA	
Name of Student:	
Father's Name:	
N.I.C.No.	
Date of Birth:	
Permanent Address:	_____

Postal Address:	_____

Marks F.Sc/Percentage:	
Contact details: Phone, Email etc.	_____

**Attached one Photostat copies
of Matric/F.Sc.& Domicile.**

SIGNATURE OF STUDENT _____

FOR THE USE OF THE OFFICE OF THE DEAN/PRINCIPAL, PMC,FSD

The above particulars of the applicant are certified to be correct and it is further certified that programme
of _____ is approved by the PM&DC for undergraduate training.

Seal and Signature of the Dean/Principal _____

(For office use only)

Received Rs. _____ /-(Rupees _____) vide receipt No. _____

dated _____ Student Registration No. _____

Assistant

Superintendent

Assistant/Deputy Registrar

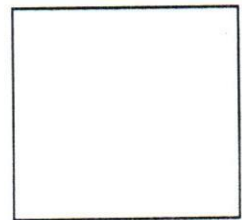


FAISALABAD MEDICAL UNIVERSITY, FAISALABAD

University Registration Return 2021-22, Course: BDS

College / Institution / Department: PMC Dental Institute, Faisalabad.

(To reach the office of the Registrar within Thirty days of Admission)



Date of Entry to the Course (If student upgrade/Migrated from other college)	1	<input type="text"/>											
Date of Entry to the Course (If student upgrade/Migrated from other college)	2	<input type="text"/>											
Class Roll No	3	<input type="text"/>											
Student's Name (Name & spelling according to Matriculation certificate / Equivalent)	4	<input type="text"/>											
Student CNIC Number	5	<input type="text"/>											
Father's Name	6	<input type="text"/>											
Father's CNIC Number	7	<input type="text"/>											
Date Of Birth (DD-MM/YYYY)	8	<input type="text"/>											
Examination Passed Matriculation, Intermediate etc.	Exam 9	Matric / Equivalent				Inter / Equivalent				Entry Test			
	Roll No. 10	<input type="text"/>				<input type="text"/>				<input type="text"/>			
	Year 11	<input type="text"/>				<input type="text"/>				<input type="text"/>			
	Registration No.12	<input type="text"/>				<input type="text"/>				<input type="text"/>			
	Marks 13	<input type="text"/>				<input type="text"/>				<input type="text"/>			
	Board/ University 14	<input type="text"/>				<input type="text"/>				<input type="text"/>			
Name of the last attended Board / University (original NOC to be attached if migration from other board / University)	15	<input type="text"/>											
Category of seats (Open merit, foreign or any other reserved seat.	16	<input type="text"/>											
Nationality / Domicile Districts (Nationality in case of foreign student)	17	<input type="text"/>											
Permanent Address	18	<input type="text"/>											
Telephonic Contact.	19	<input type="text"/>											

Note:

Attached one ID Card Size Photographs of the candidate

With sky blue background attested on the back.

The documents to be attached in following order;

(1) Entry test result. (2) Matriculations. (3) Intermediate.

(4) NOC / Migration certificate if applicable.

Principal / Dean / Head.....

College / Institute / Department.....

Date:

(Specimen)(To be typed on Rs.100/- Stamp Paper)

AFFIDAVIT

1. I solemnly declare that all the particulars mentioned in the admission form are TRUE and CORRECT and I fully understand that if any of the statements made in the application is found to be incorrect or any document produced with this form is false/fake, I would be liable to refusal for admission to the medical/dental institution, if otherwise eligible for admission and admitted, would be liable to be expelled from the institution at any time during the course of my studies in which case all fee and other dues paid by me to the institution shall be forfeited and any further departmental or legal action which the Government may deem fit to take.
2. I am NOT already admitted to any medical/dental institution of the country, and if admitted, I will forgo my earlier admission and apply afresh.
3. I also solemnly declare that, if admitted, I will abide by the discipline, rules, and regulations of the institution as enforced at present and made from time to time by the institution authorities in future. I will concern myself only with the academic activities and such extracurricular activities, which are allowed by the institution for the healthy growth of body and mind. I undertake that I will not take part in any political activity or agitation and I will not become a member of any student wing of political, sectarian or caste-based parties of Pakistan. In matters of discipline, the decision of the head of the institution will be final and binding on me and I will not challenge that decision in any court of law in the country. I will be regular in paying institution's dues and will be punctual in attending my classes. I will not absent myself from teaching programmes without prior permission of the authority.
4. I undertake that so long as I am a student of the institution, I will do nothing either inside or outside the institution, hostels and hospital premises that may interfere with its orderly administration and discipline or may bring the institution or its administration into disrepute.
5. I fully understand that if I fail to clear the First & 2nd Professional MBBS/BDS examination in four chances, availed or un-availed, after becoming eligible for each examination, I shall cease to become eligible for further Medical/Dental Education in Pakistan.
6. I fully understand that there is no provision in the examination regulations for award of grace marks and promotion on carry on basis i.e., promotion to next higher class without passing the subjects of previous class in totality.
7. I solemnly declare that I will serve the province of the Punjab for a period of FIVE years (including two years in a rural area) after graduation if a job is offered to me by the government or in default thereof pay Rs.5,00,000/- in lump sum to the Government of the Punjab.

If I violate the above affidavit, I shall be liable to appropriate punishment(s) in the prospectus of the Government medical/dental institutions of the Punjab.

(Signatures of the candidate)

(Name of the candidate)

Address: _____

Dated _____ Phone _____

Signatures of student's father/guardian)

Father/Guardian Name: _____

C.N.I.C. No.: _____

Attested by first class magistrate with name

SURETY BOND
Specimen
ON THE STAMP PAPER WORTH RS.50

I, _____ S/o,D/o _____

CNIC No. _____ Resident of _____

hereby submitted that I shall liable to pay Rupees three million (Rs.30,00,000) in case fail to fulfill the requirements of the Government i.e. to serve the Government of the Punjab, Health Department as "Probationary Medical Officer/Woman Medical Officer" in the Primary healthcare facilities for a period of one year after completing the foundation year/House Job as mentioned in the Prospectus.

SIGNATURES OF THE CANDIDATE

1.Name & Address: _____

I.D.Card No. _____

SIGNATURE OF THE FATHER/GARDIAN

Name & address: _____

I.D.Card No. _____

SIGNATURES OF WITNESSES

2.Name & Address: _____

I.D.Card No. _____

Signature of the witnesses

Name & Address: _____

I.D.Card No. _____

Roll No.			
Name:			
Father's Name:			
Received following original documents			
1	Matric / Equivalance Certificate (O Level)	Yes	No
2	FSc / Equivalance Certificate (A Level)	Yes	No
3	Domicile	Yes	No
4	Character / Provisional Certificate	Yes	No

Signature
Student Branch PMC

Roll No.			
Name:			
Father's Name:			
Received following original documents			
1	Matric / Equivalance Certificate (O Level)	Yes	No
2	FSc / Equivalance Certificate (A Level)	Yes	No
3	Domicile	Yes	No
4	Character / Provisional Certificate	Yes	No

Signature
Student Branch PMC



STUDENT I.D. CARD FORM
PUNJAB MEDICAL COLLEGE
FAISALABAD

picture

Name: (Capital words) _____

Father's Name: (Capital words) _____

Roll No: _____ Class:(MBBS/BDS) _____ Blood Group: _____

Address: _____
