

**REGISTERED**

Phone No:9210080 - Fax:9210081 – Web Site:Principal PMC 09 @ Yahoo.Com  
No.44/22244-22531 /PMC/2014

Dated: 05 .11.2014

From:

Prof.Dr.Muhammad Ali Tirmzy,  
Principal,  
Punjab Medical College,  
Faisalabad.

To :

**SUBJECT:- PROVISIONAL ADMISSION INTO 1ST YEAR MBBS CLASS SESSION 2014-2015.**

You are hereby selected provisionally for admission to the 1st year MBBS class of this College on open merit seat for the Session 2014-2015.

The College Administration heartily congratulates you for your achievement. Please report to this office for medical examination and other admission process on -11-2014 at 09:00 a.m. You will have to deposit the following documents in original with College Fee:-

1. Matriculation, F.Sc., Domicile, Entry Test Result Card & Character/Provisional Certificate.
2. Six passport size photographs & four attested photostat copies of all original documents.
3. Four envelopes with stamps of Rs.40/- each (size 5"x12") and one Fancy File Cover.
4. Apart from this, all the rules and regulations mentioned in the Prospectus are applicable to you and you have to abide by the same.
5. Certificate that you have been vaccinated against Tetanus and have had a full course of immunization against Hepatitis "B" Virus.
6. (a) College fee Rs:-29740/- (b) Hostel Fee Rs.36690 /- (c) Mess Security Rs.1500/- (refundable)  
(d) Female Boarder students will bring a Chair, a Table and a Carpi for their personal use.  
(e) Female Boarder students will provide 4 visitors names with copy of NIC & their photographs.

Your admission is subject to:-

1. Verification of F.Sc. certificates.
2. Correction/deletion/modification/addition/alteration.

Your admission may be cancelled at any time during the course of study if any document, certificate or statement submitted by you is found incorrect in any way at any stage. The admission is also liable to be cancelled if any error or omission is detected at any stage later on.

Acceptance of forms/fee will be subject to the above and by itself will confer no right contrary to the above. In case you are not willing to accept this offer, please send your reply in writing in this office with in the target date mentioned above. In which case, the next candidate on merit may be admitted in your place.

The regular classes shall start from 17<sup>th</sup> November, 2014. Please bring this call letter with you at the time of interview.

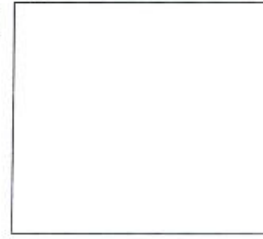
**COLLEGE UNIFORM.** White long coat (cotton) is compulsory for both male and female students during college time in lectures and practical classes. Jeans, Joggers, T-Shirt and Skirt are strictly prohibited.

	MALE	FEMALE
WINTER	White Shirt and silver gray trousers or white Shalwar Kameez. Black shoes and socks. Maroon neck tie and Maroon Blazer with college monogram.	White Kameez and Shalwar. Black shoes and socks Maroon Dupata and maroon blazer with college monogram.
SUMMER	White shirt and silver gray trousers or white shalwar kameez. Black shoes and socks Maroon neck tie.	White Kameez and Shalwar. Black shoes and socks Maroon Dupata.

You are also directed to keep with you at least 30 copies of each certificate before depositing. The original documents, deposit to this college will be considered Government Property and only be returned after graduation.

  
(Prof.Dr.Muhammad Ali Tirmzy)  
Principal

**Pakistan Medical & Dental Council  
Undergraduate Student  
Registration Form**



Class Roll NO.	Session:2014-2015
Title of Qualification	MBBS
Name of College:	Punjab Medical College Faisalabad
Admission Date:	17.12.2014
Seat No/Admission No.	Open Merit
<b>PERSONAL DATA</b>	
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 Photostat copies  
of Matric/F.Sc.& Domicile.

SIGNATURE OF STUDENT \_\_\_\_\_

**FOR THE USE OF THE OFFICE OF THE PRINCIPAL**

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 Principal \_\_\_\_\_

(For office use only)

Received Rs. \_\_\_\_\_ /-(Rupees \_\_\_\_\_) vide receipt No. \_\_\_\_\_  
dated \_\_\_\_\_ Student Registration No. \_\_\_\_\_

Assistant

Superintendent

Assistant/Deputy Registrar

Note: Please read the instructions on the back side of the form carefully before fill the form.

Roll No. \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth \_\_\_\_\_ District of Birth \_\_\_\_\_

Date of joining \_\_\_\_\_ .CNIC No. \_\_\_\_\_

Photograph

Name \_\_\_\_\_ Blood Group. \_\_\_\_\_

(according to matriculation certificate)

Student Cell No. \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone/Cell Nos. \_\_\_\_\_

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: \_\_\_\_\_

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

Cont.'d.....P/2

- (2) -

CERTIFICATE FROM THE CANDIDATE'S FATHER/GUARDIAN

I, hereby certify that my son/daughter/ward

Mr./Miss \_\_\_\_\_

has provisionally selected to the Punjab Medical College, Faisalabad for MBBS/BDS Degree Course and I accept full responsibility for making good of any loss or damage to the college property that may be caused by my son/daughter/ward.

I also take the responsibility to ensure that my son/daughter/ward abide by disciplinary rules enforced in the college and hostel. In case my son/daughter/ward fail to abide by the said rules, I guarantee that any penalty imposed by the college authorities on him shall be met by my son/daughter/ward or by myself.

I, hereby certify that entries mentioned in the back side of this form are correct to the best of my knowledge.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the father/guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

NIC No. \_\_\_\_\_

**PUNJAB MEDICAL COLLEGE, FAISALABAD**



**Registration Form for IT Department**

PERSONAL INFORMATION OF **MBBS** STUDENTS SESSION 2014-2015:

Attach One  
Photograph

Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Class Roll #: \_\_\_\_\_ Class: \_\_\_\_\_

Caste: \_\_\_\_\_ Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_ Domicile: \_\_\_\_\_

Student NIC #: \_\_\_\_\_ Father/Guardian NIC #: \_\_\_\_\_  
(Must be filled)

F.Sc Marks: \_\_\_\_\_ F.Sc Roll No.: \_\_\_\_\_ Board of F.Sc: \_\_\_\_\_

F.Sc Registration No.: \_\_\_\_\_ Year of Passing \_\_\_\_\_

F.Sc College: \_\_\_\_\_

Student Contact No. \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Permanct Address: \_\_\_\_\_

**FAMILY INCOME INFORMATION:**

Total no. of Siblings: \_\_\_\_\_ Brother \_\_\_\_\_ Sister \_\_\_\_\_

Occupation of father/guardian: \_\_\_\_\_

Father/guardian annual income from all sources : \_\_\_\_\_

Current Status: Retired On Job Late Jobless Private Job

Father/guardian Signature \_\_\_\_\_

Income, if any of the other family member(s) is earning:

Name of the member	Relation	Monthly Income
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

No of brothers/sisters studying with details:

Name of the member	Relation	Detail
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Are you availing any other scholarship:      Yes      No

If yes, specify the name of Scholarship \_\_\_\_\_

and amount \_\_\_\_\_ (Annually).

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

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Note: All information must be filled



UNDER GRADUATE

### UNIVERSITY OF HEALTH SCIENCES, LAHORE

University Registration Return 20\_\_\_

College / Institution / Department \_\_\_\_\_

Course: \_\_\_\_\_

*(To reach the Office of the Registrar within Thirty days of admission)*

1	2	3	4	5	6	7			10	11	12	13	14	15
						Exam	Roll	Year						
						Matric:								Paste here one 1D card size Photograph
						Inter:								
						Any Other:								

Principal / Dean/ Head .....  
 College / Institution/ Department .....  
 Date: .....

Attach One I.D. Card Size Photographs of the candidate with sky blue background attested on the back

480

### REGULATIONS RELATING TO REGISTRATION OF STUDENTS

1. The Principal / Dean/ Head of all Colleges/Institutions/Departments shall submit the Registration Return alongwith attested copies of academic record and Registration Fee at prescribed rates to the Registrar within ***Thirty Days*** of admission.
2. The College/Institution/Department is liable to pay fine @Rs.100/- per week if the Registration Return is not submitted within due date.
3. The Registration Return should be carefully filled in and typed. The hand written and incomplete return shall not be acceptable.
4. The Return Form, photocopies of Academic Record and Photographs must be attested by the Principal/ Dean/ Head or his/ her duly authorized nominee.
5. In case of a student migrating from any other University/ Board (other than Punjab Province), Migration Certificate / N.O.C in original should also be submitted.
6. If any student is struck off from the rolls of a College/Institution/ Department, migrates/shifts to another College/ Institution/ Department, rusticated or expelled, or is readmitted such facts shall be reported to the Registrar within ***Seven Days***.
7. In case of a student already registered with University, getting admission to another course at the same / another College/Institution/Department, the Principal / Dean /Head of the College/Institution/ Department shall forward a fresh registration return dully filled from all respects quoting the registration number of such student along with the prescribed registration fee for the course.



