

Form No: _____

ADMISSION FORM FEE:RS.1000/-

FAISALABAD MEDICAL UNIVERSITY, FAISALABAD

Institute of Allied Health Sciences

APPLICATION FOR ADMISSION IN BS PROGRAMMES

Name of Programme _____

NOTE:

- The form shall be submitted by hand in the IT Department of Faisalabad Medical University, Faisalabad.
- Please fill in the form in capital letter and avoid over writing.
- Admission form should be filled legibly and correctly by the candidate. Incomplete and incorrect admission form may be rejected.
- Tick the small choice field box where provided.

4 x 4

Category:

Punjab KPK Baluchistan Sindh AJK & GB Foreigner

FULL NAME

FATHER / GUARDIAN'S NAME

RELIGION

DATE OF BIRTH

D D M M Y E A R

GENDER

M _____
F _____

DOMICILE

PROVINCE

E-MAIL

CANDIDATE C.N.I.C NO / B-FORM #

CANDIDATE CONTACT NO.

FATHER / GUARDIAN'S C.N.I.C NO.

FATHERS / GUARDIAN'S CONTACT NO.

POSTAL ADDRESS

PERMANENT ADDRESS

EDUCATIONAL INFORMATION

| Qualification | Board / University | Year of Passing | Total Marks | Obtained Marks | %age |
|---------------|--|-----------------|-------------|----------------|-----------|
| Matric | | | | | ____.____ |
| FSc | | | | | ____.____ |
| NMDCAT (2021) | | | | | ____.____ |
| Aggregate | $\frac{\%age\ FSC + \%age\ of\ NMDCAT}{2} =$ | | | | ____.____ |

DOCUMENTS TO BE ATTACHED

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

- | | |
|--|---|
| <input type="checkbox"/> Certificate / DMC of Matric | <input type="checkbox"/> Certificate / DMC of FSc |
| <input type="checkbox"/> Certificate of NMDCAT Result | <input type="checkbox"/> Domicile |
| <input type="checkbox"/> Candidate CNIC / B-Form | <input type="checkbox"/> Father / Guardian's CNIC |
| <input type="checkbox"/> Three recent photographs with blue background | <input type="checkbox"/> Paid Copy of Bank 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's Name: _____

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

Date

Received By