ADMISSION FEE: RS. 1,000/- **FORM NO. _____**

Faisalabad Medical University, Faisalabad

DEPARTMENT OF ALLIED HEALTH SCIENCES

APPLICATION FOR ADMISSION IN BS PROGRAMMES, SESSION 2026-27

Name of Programme: _____

NOTE:

- The Form shall be submitted by Hand in the Registrar Branch of Faisalabad Medical University, Faisalabad.
- Please fill in the form in capital letters 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. Category:

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	Y	Y	Y

Gender:

	M
	F

DOMICILE:

PROVINCE:

E-MAIL:

CANDIDATE CNIC / B-FORM #:

CANDIDATE CONTACT #:

FATHER / GUARDIAN'S CNIC #:

FATHER / GUARDIAN'S CONTACT #:

POSTAL ADDRESS:

PERMANENT ADDRESS:

Educational Information:

Qualification	Board / Institute	Passing Year	Total Marks	Marks Obtained	Percentage (%)
Matric / SSC					.
FSC / HSSC					.
MDCAT (2023)					.
Aggregate	$\frac{\%age\ SSC}{2} + \frac{\%age\ HSSC}{2}$				.

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**