



Faisalabad Medical University, Faisalabad
Phone Number: 041-9210068 Email: infoexam.fmu@gmail.com



APPLICATION FORM FOR MBBS AND BDS PROGRAM

NOTE:

- The form shall be submitted to the Office of the Controller of Examination
- The name/spelling of the candidate and his/her father name be correctly written on this form, exactly as per the Matric/Equivalent Certificate, because, the same spelling /name will be finally printed on the Degree issued to you by the University.
- Please fill in the form in black ink and clearly print or type only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
- Examination form shall be filled in legibly and correctly by the candidate in his/her Own handwriting. Incomplete and incorrect examination form may be cancelled. The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes are provided in the form, the box adjacent to the Appropriate answer is to be ticked or checked. or

Please affix
Photograph here
attested from
front side (4X4
cm) with blue
background

Admission form for: MBBS/BDS IN

1	1 st Professional _____	2 nd Professional _____
	3 rd Professional _____	4 th Professional _____
	Final Professional _____	

APPLICANT'S PERSONAL INFORMATION

2	Full Name (first, middle, last)	
3	Fathers Name (first, middle, last)	
4	Applicant's NIC (Provide copy)	
5	Name of Institution	
6	Registration Number	
7	Nationality:	

8 Subjects in which to appear:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

9 Previous Examination (annual/supple, year 20__)

10 Previous Examination Roll No

11 Mailing Address (mention all relevant information like postal code etc.)

12 Mobile /Telephone Number (with city code)

E-mail/ Fax #

[Text box for Mobile/Telephone Number]

[Text box for E-mail/ Fax #]

13 Fee Paid Rs [] [] [] [] [] []

Mode of Payment: Draft []

Bank Receipt []

Draft/Bank Receipt No: _____ Date: [] [] [] [] [] []
(DD / MM / YYYY)

14 Documents to be attached: I have attached attested copies/ original of the following documents with this form (tick appropriate box)

- Certificate of F.S.C (Result Card Attested Copy)
- DMC of MBBS/BDS of previous Professional Examination (Not for 1st Professional Students)
- 01 photograph size (4x4 cm) attested from front paste at given place and 04 photographs size (4x4 cm) attested from back side attach with Examination Form.
- Original Bank Draft/Bank Receipt

CERTIFICATE BY THE APPLICANT

I hereby solemnly declare that (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: _____

Signature of Applicant

15

CERTIFICATE BY THE PRINCIPAL

(I certify that the candidate is eligible in all respects as per Rules & Regulations of University to appear in this examination).

Dated: _____

Signature of Principal (with stamp)