FAISALABAD MEDICAL UNIVERSITY, FAISALABAD

Institute of Allied Health Sciences APPLICATION FOR ADMISSION IN BS PROGRAMMES

Name of Progr	amme					
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. Category: 						
Punjab	KPK [Baluchistan :	Sindh AJK 8	R GB For	eigner	
Punjab KPK Baluchistan Sindh AJK & GB Foreigner FULL NAME						
FATHER / GUA	THER / GUARDIAN'S NAME RELIGION					
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DATE OF BIRTH	RTH GENDER DOMICILE					
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PROVINCE	PROVINCE E-MAIL					
CANDIDATE C.N.I.C NO / B –FORM # CANDIDATE CONTACT NO.						
FATHER / GUA	RDIAN'S C.N.I.C NO.		FA	THERS / GUARDIAN	rs contact no.	
POSTAL ADDR						
POSTAL ADDR	- 					
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PERMANENT ADDRESS						
EDUCATIONAL INFORMATION						
Qualification	Board / University	Year of Passing	Total Marks	Obtained Marks	%age	
Matric						
FSc						
NMDCAT (2021)						
Aggregate		%age FSC + %age	of NMDCAT =			

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DOCUMENTS TO BE ATTACHED I have attached attested copies of the following documents with this form: ☐ Certificate / DMC of Matric ☐ Certificate / DMC of FSc ☐ Certificate of NMDCAT Result ☐ Domicile ☐ Candidate CNIC / B-Form ☐ Father / Guardian's CNIC ☐ Three recent photographs with blue background ☐ 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. Signature of Father / Guardian **Signature of Candidate Date**

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					