



PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES

## APPLICATION FORM

For Admission in MBBS Course

Academic Session 2019-20

**IEAP OVERSEAS PAKISTANIS / FOREIGN NATIONALS**

- Paste here your recent photograph and submit Four attested extra copies with the application form.
- Ensure your full name is written on the back of each photograph.

DISTRICT

**NOTE:** Please read the form carefully and fill all the columns in Block Letters with Blue / Black Pen

### PERSONAL INFORMATION

NAME OF APPLICANT:

FATHER'S NAME:

SURNAME:  Date of Birth:

Nationality: Religion: Male  Female

District of Domicile (Candidate):

District of PRC (Candidate):

District of Domicile (Father / Mother):

CNIC or 'B' form No. of candidate (if CNIC is not available)

Father / Guardian CNIC No:

Present Address:

Address Mentioned on Domicile/PRC (Mandatory):

Candidate Email: Father Email:

Phone No: (Home) Candidate's Cell: Father's Cell:

Name of Examination	Matric Science / O Level	Inter Science / A Level
Seat No.		
Passing Year		
Name of Board		
Total Marks Obtained / Out of		
Division / Grade		

### Particulars of Entry Test

Year	Roll No.	Test Centre	Entry Test Score

Date of Submission

Signature of Father / Guardian

Signature of Applicant

## DETAILS OF THE DD/BANKER'S CHEQUE

DD/ Banker's Cheque No. \_\_\_\_\_ Rs. \_\_\_\_\_ Dated \_\_\_\_\_  
Name of the Bank \_\_\_\_\_  
Branch/City \_\_\_\_\_

## PARTICULARS OF FATHER

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

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

## CONTACT IN EMERGENCY

Name of Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No: (Home) \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

### **Attach the following attested Photostat Copies of:**

1. Marks Certificate of SSC/O' Level or equivalent duly certified by IBCC.
2. Marks Certificate of HSSC (P-M) or equivalent examinations certificate with minimum 70% unadjusted marks duly certified by IBCC.
3. Passport of the candidate and Parents.
4. Valid Visa & Police Registration Certificate.
5. NOC issued by Ministry of foreign Affairs of concerned country or by the concerned Foreign Mission in Pakistan.
6. Certificate of the employer abroad Pakistan for either of the parents.
7. NICOP.
8. D.D of US \$11,970 or equivalent in Pakistani Rupees.
9. Entry Test 2019 Admit Card.

**Last Date of submission of application THURSDAY 26<sup>th</sup> December 2019 in office hours.**

**Please submit original filled application forms by hand at  
Directorate of Admission Gambat Medical College,  
Gambat.**

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Signature of Applicant

Fill all boxes with your present address	
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Father Name:	<input type="text"/>
Present Address:	<input type="text"/>
Mob No:	<input type="text"/>

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