



GAMBAT MEDICAL COLLEGE, GAMBAT
PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES

APPLICATION FORM

For Admission to
MBBS Course

Academic Session 2025-26

IEAP (Local) / **IEAP** (Overseas Pakistanis)

■ 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 and fill the form carefully. Fill all the columns in CAPITAL Letters with Blue / Black Ink.

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)

Date of issuance of CNIC

Father / Guardian CNIC No:

Present Address:

Address Mentioned on Domicile/PRC (Mandatory):

Candidate's Email: Father's 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 MDCAT

MDCAT Seat No.	Test Centre	Score	Year of Passing

Particulars of Application to Admitting University

Date of Online Application	Date of Application by Hard Copy

Date of Submission

Signature of Father / Guardian

Signature of Applicant

NOTE: RESPONSIBILITY OF ANY DISCREPANCY IN DATA WILL LAY ON THE SHOULDERS OF THE APPLICANT.

DETAILS OF THE DD/BANKER'S CHEQUE

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

PARTICULARS OF FATHER / GUARDIAN

Name: _____ Occupation: _____
Department: _____
Phone No.: _____ Cell No.: _____

CONTACT IN EMERGENCY

Name of Person: _____
Relationship: _____ Phone No: (Home) _____ Mobile No: _____
Address: _____

Attach the following attested photostat copies of documents

01. SSC / O level / Matric Marks Certificate and Pacca Certificate.
02. HSC / A level or equivalent Marks Certificate.
03. MDCAT Marks Certificate of year 2024(Retake) or 2025.
04. Proof of application to admitting university (Photo copy)
05. Domicile of the Candidate.
06. PRC Form C of the Candidate.
07. Domicile of Father.
08. CNIC / B Form of Candidate.
09. CNIC of Father.
10. Father's death certificate (if applicable)
11. DD / Banker's Cheque of Rs. 100,000/- prescribed fee in the name of Director PAQJIMS, Gambat (IEAP Local)
12. Rs. 2,000/- Challan receipt Processing Fee (Original College Copy)
13. 4 Passport size photographs. (Original)
14. DD / Banker's Cheque of \$ 11970 (US\$) prescribed fee in the name of Director PAQJIMS, Gambat. (IEAP Overseas Pakistanis)

Signature of Father / Mother / Guardian

Signature of Applicant

Website: www.gims.edu.pk

**The form can only be accepted through any recognized courier services.
By hand submission will not be entertained.**

**Please Submit Original Filled Application Form
along with required documents at:**

**Directorate of Admissions
Gambat Medical College @ Pir Abdul Qadir Shah Jeelani
Institute of Medical Sciences, Gambat**

Bank Copy



PIR ABDUL QADIR SHAH JEELANI
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

Challan Form For Application Processing Fee



MCB BANK LTD
 A/C# 0774672881000283
 GIMS Branch (1725)
 FTN # 9030206-7



MBBS
 Self Finance /
 Overseas Pakistanis

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	2000/- (Non refundable)
TOTAL		2000/-

INWORDS: TWO THOUSAND RUPEES ONLY

Receiving Branch Stamp & Signature

Applicant's Signature

College Copy



PIR ABDUL QADIR SHAH JEELANI
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

Challan Form For Application Processing Fee



MCB BANK LTD
 A/C# 0774672881000283
 GIMS Branch (1725)
 FTN # 9030206-7



MBBS
 Self Finance /
 Overseas Pakistanis

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	2000/- (Non refundable)
TOTAL		2000/-

INWORDS: TWO THOUSAND RUPEES ONLY

Receiving Branch Stamp & Signature

Applicant's Signature

Student Copy



PIR ABDUL QADIR SHAH JEELANI
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

Challan Form For Application Processing Fee



MCB BANK LTD
 A/C# 0774672881000283
 GIMS Branch (1725)
 FTN # 9030206-7



MBBS
 Self Finance /
 Overseas Pakistanis

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
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