



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

APPLICATION FORM

For Admission to
BS Degree Program
Academic Session 2025
General Merit

- 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: _____

WhatsApp No:

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		

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.

PARTICULARS OF FATHER / GUARDIAN

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

CONTACT IN EMERGENCY

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

PRIORITY WISE OPTIONS FOR BS DEGREE COURSE

- | | | | |
|---------|---------|----------|----------|
| 1 _____ | 5 _____ | 9 _____ | 13 _____ |
| 2 _____ | 6 _____ | 10 _____ | 14 _____ |
| 3 _____ | 7 _____ | 11 _____ | 15 _____ |
| 4 _____ | 8 _____ | 12 _____ | |

- Human Nutrition & Dietetics ● Anesthesia Technology ● Emergency Clinical Medicine Technology
- Speech Language Pathology ● Optometry ● Nuclear Medicine Technology ● Medical Imaging Technology
- Cardiovascular Sciences ● Perfusion Technology ● Respiratory Therapy ● Audiology ● Surgical Technology
- Renal Dialysis Technology ● Pediatric & Neonatal Intensive Care Technology ● Medical Laboratory Technology.

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. Domicile of the Candidate.
04. PRC Form C of the Candidate.
05. Domicile of Father.
06. CNIC / B Form of Candidate.
07. CNIC of Father.
08. Father's death certificate (if applicable)
09. Rs. 2,000/- Challan receipt Processing Fee (Original College Copy)
10. 2 Passport size photographs. (Original)

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

Dated: _____

Name: _____

Father's Name: _____

District: _____

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

Dated: _____

Name: _____

Father's Name: _____

District: _____

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

Dated: _____

Name: _____

Father's Name: _____

District: _____

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