

ADDENDUM

With reference to the previous advertisement published on Jang, Kawaish & Dawn Newspaper on Dated: 29-01-2023.



PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES, GAMBAT

District Khairpur Mirs Sindh

Office # 0243-720908 Email: admissions@gims.edu.pk



ADMISSIONS



05 SEATS

05 SEATS

BS *M.T Bone Marrow Transplant*



BS *M.T Blood Transfusion*

All interested candidates, who have passed intermediate in Pre-medical (F.Sc/HSSC) from any board and have appeared in **MDCAT 2022 with 55% Marks**, belonging to the tagged districts of Sindh are eligible to apply for the admission to BS (4 year) Degree Program.

Notes:

The Application form along with Challan Form can be downloaded from website www.gims.edu.pk. After paying challan at MCB, the Original Receipt, application form & all required documents should be send to the **Directorate of Admissions, Gambat Medical College, @ Pir Abdul Qadir Shah Jeelani institute of Medical Sciences, Gambat** via any courier Service before the closing date.

SUBMISSION OF THE FORM BY HAND IS NOT ALLOWED AND CANNOT BE ENTERTAINED.
Application Forms received after the Last Date SHALL NOT BE ACCEPTED AND ENTERTAINED.

Attested Photocopies of Documents required:

- Matric Marks Certificate & Pacca Certificate.
- Intermediate Marks Certificate.
- MDCAT Marks Certificate of year 2022.
- Domicile of the Candidate.
- PRC Form 'C' of the Candidate.
- Domicile of Father.
- CNIC / B Form of Candidate
- CNIC Father.
- Father's death certificate (if applicable)
- **Rs. 1500/- Challan non refundable (Original College Copy)**



Date for inviting applications

02 MAY 2023

Last Date for submission of application

08 MAY 2023

TAGGED DISTRICTS

- Badin ● Dadu
- Ghotki
- Hyderabad
- Jacobabad
- Jamshoro
- Kambar Shahdadkot
- Kashmore
- Kharipur
- Larkana
- Matyari
- Mirpurkhas
- Naushahroferoze
- Sijawal ● Sanghar
- Nawabshah (S.B.A)
- Shikarpur
- Sukkur
- Tando Allahyar
- Tando M.Khan
- Tharparkar
- Thatta ● Umerkot

This is issued with the approval of the Director Pir Abdul Qadir Shah Jeelani institute of Medical Sciences, Gambat,

For more information visit our website: (www.gims.edu.pk) - or contact us on (0243-720908) during office hours.



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

APPLICATION FORM

For Admission to
BS Degree Course
Academic Session 2023
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)

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

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:
Office Phone No.:	Cell No.:

CONTACT IN EMERGENCY

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

HAFIZ -E- QURAN

Sanad of the Hafiz -e- Quran: _____	Issued by: _____
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PRIORITY WISE OPTIONS FOR BS DEGREE COURSE

01

02

- BS-MT Bone Marrow Transplant
- BS-MT Blood Transfusion

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 2022
04. Domicile of the Candidate.
05. PRC Form C of the Candidate.
06. Domicile of Father.
07. CNIC / B Form of Candidate.
08. CNIC of Father.
09. Hafiz-e-Quran Certificate (if applicable)
10. Father's death certificate (if applicable)
11. Rs. 1,500/- Challan receipt (Original College Copy)
12. 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

B.S
(4 year Degree Program)

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	1500/- (Non refundable)
TOTAL		1500/-

INWORDS: FIFTEEN HUNDRED 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

B.S
(4 year Degree Program)

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	1500/- (Non refundable)
TOTAL		1500/-

INWORDS: FIFTEEN HUNDRED 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

B.S
(4 year Degree Program)

Dated: _____

Name: _____

Father's Name: _____

District: _____ MDCAT Roll# _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	1500/- (Non refundable)
TOTAL		1500/-

INWORDS: FIFTEEN HUNDRED RUPEES ONLY

Receiving Branch Stamp & Signature

Applicant's Signature