

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

APPLICATION FORM

For Admission to

BS Degree Course

Academic Session 2025

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					
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OTE. Please read and			PHAL Letters with	blue / black ii	
	PERSON	AL INFORMATION			
NAME OF APPLICANT:					
FATHER'S NAME:					
SURNAME:		Date of Birth:			
Nationality: Religion: Male Female					
District of Domicile (Can					
District of PRC (Candida	re):				
District of Domicile (Fath	er / Mother):				
CNIC or 'B' form No. of o	<u> </u>	available)			
Date of issuance of CNI	<u> </u>				
Father / Guardian CNIC	No:				
Present Address:					
	Domicile/PRC (Mandator	у):			
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Address Mentioned on Candidate's Email: Phone No: (Home) Name of Examina Seat No. Passing Year Name of Board	Candidat tion Matric	Father's Email: e's Cell:		/ A Level	
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Address Mentioned on Candidate's Email: Phone No: (Home) Name of Examina Seat No. Passing Year Name of Board Total Marks Obtained / O Division / Grade	Candidat tion Matric ut of	Father's Email: e's Cell:	Inter Science	/ A Level	

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

Name:		Occupation	1:
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Phone No.:		Cell No.:	
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Name of Person		NI (I I)	Malatta Nia.
Relationship: Address:	Pno	one No: (Home)	Mobile No:
Address.			
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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:

<u>Directorate of Admissions</u>

<u>Gambat Medical College @ Pir Abdul Qadir Shah Jeelani</u>

Institiute of Medical Sciences, Gambat

Fill all boxes with your present address	Fill all boxes with your present address
Name:	Name:
Father Name:	Father Name:
Present Address:	Present Address:
 	
 	
Mob No:	Mob No:
Fill all boxes with your present address	Fill all boxes with your present address
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