GAMBAT COLLEGE OF NURSING

Pir Abdul Qadir Shah Jeelani Institute of Medical Sciences, Gambat

District Khairpur Mir's Sindh

ADMISSIONS

OPEN 2025

Only for Female

Eligibility

BSN
GENERIC
4 YEARS DEGREE PROGRAM

- Candidate must have passed Intermediate /
- HSSC Pre-medical group with minimum 50% marks.
- Candidate must have passed MDCAT 2024 (Retake) with at least 50% Marks.
- Age Limit: 16-35 Years
- Only Sindh Domicile holders are eligible.

Attested Photocopies of Documents Required

- Matric Marks Certificate & Pacca Certificate.
- Intermediate Marks Certificate.
- MDCAT Marks Certificate of year 2024 (Retake).
- 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. 2000/- Challan non-refundable (Original College Copy)

GAMBAT COLLEGE OF NURSING

How to Apply

The Application form along with Challan Form can be downloaded from website **www.gims.edu.pk.** After paying challan at MCB Bank 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.
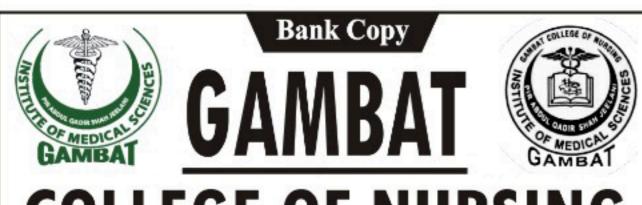
Last Date for submission of applications

03rd
MARCH 2025

By Hand submission and application forms received after the Last Date **Shall Not be accepted and Entertained.**

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
Whatsapp only: 0306-9318363 - 0302-2280496
(Office: 0243-720908) during office hours.

Bank Copy

GAMBAT
COLLEGE OF NURSING

Pir Abdul Qadir Shah Jillani Institute Of Medical Sciences, Gambat

Challan Form For Application Processing Fee

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

☐ **BSN Generic**
(4 years Degree Program)

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

GAMBAT
COLLEGE OF NURSING

Pir Abdul Qadir Shah Jillani Institute Of Medical Sciences, Gambat

Challan Form For Application Processing Fee

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

☐ **BSN Generic**
(4 years Degree Program)

Dated: _____

Name: _____

Father's Name: _____

District: _____ **MDCAT Roll#** _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	*(Non refundable)*
	TOTAL	

INWORDS: TWO THOUSAND RUPEES ONLY

Receiving Branch Stamp & Signature

Applicant's Signature

College Copy

GAMBAT
COLLEGE OF NURSING

Pir Abdul Qadir Shah Jillani Institute Of Medical Sciences, Gambat

Challan Form For Application Processing Fee

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

☐ **BSN Generic**
(4 years Degree Program)

Dated: _____

Name: _____

Father's Name: _____

District: _____ **MDCAT Roll#** _____

S.No.	Details of Fee	Amount
1	Application Processing Fee	*(Non refundable)*
	TOTAL	

INWORDS: TWO THOUSAND RUPEES ONLY

Receiving Branch Stamp & Signature

Applicant's Signature

GAMBAT COLLEGE OF NURSING
PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES
APPLICATION FORM
For Admission to
BSN (Generic)
Academic Session 2024-2025

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

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:

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

_____
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:		

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
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. Father's death certificate (if applicable)
10. Rs. 2,000/- Challan receipt Processing Fee (Original College Copy)
11. 4 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
Instithute of Medical Sciences, Gambat

Fill all boxes with your present address

Name:

Father Name:

Present Address:

Mob No:

Fill all boxes with your present address

Name:

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