

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

APPLICATION FORM

For Admission to

MBBS Course

Academic Session 2024-25

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

NAME OF APPLICANT:				
FATHER'S NAME:				
SURNAME:	D.	ate of Birth:		
Nationality:	Religion:	Male 🗌	Female 🗌	
District of Domicile (Candidate	e):			
District of PRC (Candidate):				
District of Domicile (Father / M				
CNIC or 'B' form No. of candid	late (if CNIC is not a	vailable)		
Date of issuance of CNIC				
Father / Guardian CNIC No:				
Address Mentioned on Domic	, ,	Father's Email:		
	Candidate	Father's Email:	Father's Cell:	
Candidate's Email:	Candidate	Father's Email:		nce / A Level
Candidate's Email: Phone No: (Home) Name of Examination	Candidate	Father's Email:		
Candidate's Email: Phone No: (Home) Name of Examination Seat No.	Candidate	Father's Email:		
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year	Candidate	Father's Email:		
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board	Candidate Matric S	Father's Email:		
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board Total Marks Obtained / Out of	Candidate Matric S	Father's Email:		
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board Total Marks Obtained / Out of Division / Grade Particulars of MDCAT	Candidate Matric S	Father's Email: s's Cell: cience / O Level	Inter Scien	nce / A Level
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board Total Marks Obtained / Out of Division / Grade	Candidate Matric S	Father's Email:	Inter Scien	
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board Total Marks Obtained / Out of Division / Grade Particulars of MDCAT	Candidate Matric S	Father's Email: s's Cell: cience / O Level	Inter Scien	nce / A Level
Candidate's Email: Phone No: (Home) Name of Examination Seat No. Passing Year Name of Board Total Marks Obtained / Out of Division / Grade Particulars of MDCAT	Candidate Matric S Test Centre	Father's Email: o's Cell: Science / O Level Score	Inter Scien	nce / A Level

	DETAILS OF THE DD/BANI	KER'S CHEQUE			
DD / Banker's Cheque No.	Rs	Dated			
Name of the Bank	Branch/City				
	PARTICULARS OF FATHE	R / GUARDIAN			
Name:	Occupa	tion:			
	Department:				
Phone No.:	Cell No.:				
	CONTACT IN EMER	RGENCY			
Name of Person:					
Relationship:	Phone No: (Home)	Mobile No:			
Address:					
Attach the followin	g attested photostat co	pies of documents			
01. SSC / O level / Matric	Marks Certificate and Pacca Ce	rtificate.			
02. HSC / A level or equivalent Marks Certificate.					
03. MDCAT Marks Certificate of year 2024					
04. Proof of application to	admitting university (Photo copy	()			
05. Domicile of the Candid	date.				
06. PRC Form C of the Ca	andidate.				
07. Domicile of Father.					
08. CNIC / B Form of Can	didate.				
09. CNIC of Father.					
10. Father's death certific	cate (if applicable)				
11. DD / Banker's Cheque (IEAP Local)	e of Rs. 100,000/- prescribed fee	in the name of Director PAQJIMS, Gambat			
12. Rs. 2,000/- Challan re	ceipt Processing Fee (Original C	College Copy)			
13. 4 Passport size photo	graphs. (Original)				
14. DD / Banker's Cheque Gambat. (IEAP Overs		e in the name of Director PAQJIMS,			
Signature of Father / Mother /		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.

<u>Please Submit Original Filled Application Form</u> <u>along with required documents at:</u>

<u>Directorate of Admissions</u>

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

<u>Institiute of Medical Sciences, Gambat</u>

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