



PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES

APPLICATION FORM

For Admission to

MBBS Course

Academic Session 2020-21

IEAP Overseas Pakistanis

- 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 the form carefully and fill all the columns in Block Letters with Blue / Black Pen

PERSONAL INFORMATION

NAME OF APPLICANT:

FATHER'S NAME:

SURNAME: <input type="text"/>	Date of Birth: <input type="text"/>		
Nationality: <input type="text"/>	Religion: <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
District of Domicile (Candidate): <input type="text"/>			
District of PRC (Candidate): <input type="text"/>			
District of Domicile (Father / Mother): <input type="text"/>			
CNIC or 'B' form No. of candidate (if CNIC is not available) <input type="text"/>			
Father / Guardian CNIC No: <input type="text"/>			

Present Address: <input type="text"/>		
Address Mentioned on Domicile/PRC (Mandatory): <input type="text"/>		
Candidate's Email: <input type="text"/>	Father's Email: <input type="text"/>	
Phone No: (Home) <input type="text"/>	Candidate's Cell: <input type="text"/>	Father's Cell: <input type="text"/>

Name of Examination	Matric Science / O Level	Inter Science / A Level
Seat No.	<input type="text"/>	<input type="text"/>
Passing Year	<input type="text"/>	<input type="text"/>
Name of Board	<input type="text"/>	<input type="text"/>
Total Marks Obtained / Out of	<input type="text"/>	<input type="text"/>
Division / Grade	<input type="text"/>	<input type="text"/>

Particulars of Entry Test

Year	Roll No.	Test Centre	Entry Test Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Submission

Signature of Father / Guardian

Signature of Applicant

DETAILS OF THE DD/BANKER'S CHEQUE

DD/ Banker's Cheque No. _____ US \$ /Rs. _____ Dated _____
Name of the Bank _____
Branch/City _____

PARTICULARS OF FATHER

Name: _____ Occupation: _____
Designation: _____ 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: _____

Attach the following attested photostat documents

01. SSC / O level / Matric Marks Certificate and Pacca Certificate.
02. HSC / A level or equivalent Marks Certificate.
03. Entry Test 2020 Admit Card.
04. Entry Test Marks Certificate.
05. Domicile & PRC of Candidate.
06. Domicile of Father.
07. CNIC / B Form of Candidate.
08. CNIC of Father.
09. DD/Banker's Cheque of US \$ 11,970/- or equivalent Pakistani rupees on the rate on the date of publication of the advertisement

Signature of Father / Mother / Guardian

Signature of Applicant

Website: www.gims.edu.pk

**Please Send Original Filled Application Forms
along with required documents to:**

**Directorate of Admission Gambat Medical College,
Gambat**