



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

## APPLICATION FORM

For Admission to  
**MBBS Course**  
Academic Session 2022-23  
**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 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) Date of issuance

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

### Particulars of Application to Admitting University

Date of Online Application	Date of Application by Hard Copy

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.

**DETAILS OF THE DD/BANKER'S CHEQUE**

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

**PARTICULARS OF FATHER / GUARDIAN**

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Signature of Applicant

**Website: [www.gims.edu.pk](http://www.gims.edu.pk)**

**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

### GAMBAT MEDICAL COLLEGE

@ 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

**MBBS**  
(Overseas Pakistanis)

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

INWORDS: FIFTEEN HUNDRED ONLY

Receiving Branch Stamp & Signature

Applicant's Signature



College Copy

### GAMBAT MEDICAL COLLEGE

@ PIR ABDUL QADIR SHAH JEELANI  
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

Challan Form For Application Processing Fee



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Receiving Branch Stamp & Signature

Applicant's Signature



Student Copy

### GAMBAT MEDICAL COLLEGE

@ PIR ABDUL QADIR SHAH JEELANI  
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

Challan Form For Application Processing Fee



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