



INDEPENDENT MEDICAL COLLEGE

Guiding your passion to profession

APPLICATION FORM (FOR MBBS PROGRAM)

PERSONAL INFORMATION

SESSION -

STATUS OF APPLICANT LOCAL FOREIGN

APPLICANT'S NAME:

MALE FEMALE CNIC NO. - -

DATE OF BIRTH (DD/MM/YYYY) _____

PLACE OF BIRTH _____

APPLICANT Mobile NO. _____ EMAIL: _____

IN CASE OF FOREIGN STUDENT PASSPORT NO. OF APPLICANT: _____

4 latest
passport size
photographs
(sky blue
background)

FATHER'S NAME:

FATHER'S OCCUPATION: _____

RESIDENTIAL ADDRESS: _____

TEL (Res) _____ TEL (Off) _____ MOBILE NO. _____ EMAIL: _____

ACADEMIC QUALIFICATION

Examination	Year of Passing	Institution Name	Marks Obtained
Matriculation / O-levels			
F.Sc. / A-levels / Equivalent Certificate			
Entry Test Result / SAT-II / Others			

Note:

(Candidates who hold qualifications other than F.Sc. and Matriculation will be required to provide Equivalence Certificate from the Inter-Board Committee Chairman)

Do you have any Medical problem? Yes No

Are you on any kind of medication? Yes No

Hostel accommodation required? Yes No

If Yes please elaborate _____

DECLARATION

I Mr. / Ms. _____ son / daughter of _____

an applicant for admission to Independent Medical College Faisalabad, solemnly affirm and declared the above information provided by me is correct. I have obtained and understand the College Prospectus and the Terms & Conditions of the admission procedure. I agree to abide by the rules and regulations of Independent Medical College currently stated as well as modification of these rules and regulations from time to time by the authorities of the institution. I understand that I have adequate financial resources to support my studies at Independent Medical College for the entire duration of the course of study. I hereby assure that all dues will be paid by the due date according to payment schedule of Independent Medical College which may increase every year in accordance with the College policy (as stated in Fee Structure).

I shall abide by all the rules and regulations of the college.

Applicant Signature
DATE: _____

Parents / Guardian Signature
DATE: _____

PLEASE ENCLOSE ATTESTED COPIES OF:

- 1. Matriculation Certificate
- 2. Intermediate (F.Sc) Certificate
- 3. Entry Test Certificate
- 4. Computerized National Identity Card
- 5. Domicile Certificate
- 6. Four Passport Size Photos
- 7. Hifz-e-Quran Certificate (If applicable)
- 8. Disability Certificate (If applicable)
- 9. SAT-II (If applicable)
- 10. Father / Guardian CNIC Copy

FOR OFFICE USE ONLY

Total Marks	<input type="text"/>	Interview Grade	A- <input type="checkbox"/> B- <input type="checkbox"/> C- <input type="checkbox"/> D- <input type="checkbox"/>
Merit No	<input type="text"/>	Date of Interview	<input type="text"/>

COMMENTS:

SELECTED	<input type="checkbox"/>	REJECTED	<input type="checkbox"/>
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ROLL NO	<input type="text"/>	CLASS	<input type="text"/>
SESSION	<input type="text"/>	GROUP	<input type="text"/>