



# AZIZ FATIMAH MEDICAL & DENTAL COLLEGE, FAISALABAD



A project of Aziz Fatimah Trust  
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PMC Merit # \_\_\_\_\_

## Pre Admission Form for MBBS for the Session 2020-21

Status of Applicant  Local  Foreign



### 1 Personal Information:

Name of Applicant:

(As per Matric or equivalent certificate)

Father/Guardian Name:

Student CNIC :

Father/Guardian CNIC :

Date of Birth:  Gender:

Nationality:  Religion:

Postal Address:

Student Mobile # :  Blood Group:

Father Mobile # :  Domicile:

Hostel Accommodation Required:  Yes  No

Do you have any Medical Problem?  Yes  No Priority for AFMDC

Are you on any kind of medication?  Yes  No

If Yes, please elaborate \_\_\_\_\_

### 2 Emergency Contact Information:

Contact Person Name

Mobile # :  Relation :

### 3 Educational Information:

S. #	Qualification	Roll #	Pass Year	Institution	Obt. Marks	Total Marks	Percentage (%)
1	Matric / O Level						
2	Fsc / A Level						
3	NMDCAT						

**Note:** ( In case of qualification other than F.Sc and Matriculation, candidate will be required to provide IBCC Equivalence Certificate)

**4 Declaration by the Applicant and Parent / Guardian :**

I Mr/Ms \_\_\_\_\_ S/O, D/O \_\_\_\_\_ solemnly declare that information given is true and factual to the best of my knowledge. If admission granted, I undertake to comply rules and regulation of Aziz Fatimah Medical & Dental College. I affirm that I have adequate financial resources to support my studies for the complete duration of MBBS program. Further, undertake that I will pay the college dues (fixed and optional) including tuition fee, UHS/PMC registration fee, UHS administrative & academic service charges etc and all other dues regularly without any delay on due dates. In case of any revision in fee package (College /PMC / UHS) will be charged to students accordingly.

Further, I shall ensure to abide the rules and regulations of Aziz Fatimah Medical & Dental College.

Sign of Applicant  Sign of Parent / Guardian  Date

Father Profession  Mother Profession

**5 Documents to be attached with Application Form: (Attested Photocopies)**

- |                                    |                          |   |                          |
|------------------------------------|--------------------------|---|--------------------------|
| 1 Matric or Equivalent Certificate | <input type="checkbox"/> | 6 Five x Latest Photographs Passport size | <input type="checkbox"/> |
| 2 F. Sc or Equivalent Certificate  | <input type="checkbox"/> | 7 Domicile Certificate                    | <input type="checkbox"/> |
| 3 Entry test Certificate           | <input type="checkbox"/> | 8 Disability Certificate ( If Applicable) | <input type="checkbox"/> |
| 4 Father / Guardian CNIC           | <input type="checkbox"/> | 9 SAT-II (If Applicable)                  | <input type="checkbox"/> |
| 5 Student CNIC / B Form            | <input type="checkbox"/> |   |                          |

**For Office Use Only**

Qualification	Marks	% age
F. Sc / Equivalent	<input type="text"/>	<input type="text"/>
NMDCAT	<input type="text"/>	<input type="text"/>
Any Other	<input type="text"/>	<input type="text"/>

Merit No.

**Recommendations / Remarks by Interview Committee:**

Decision: Selected  Rejected

Principal Signature