



AZIZ FATIMAH MEDICAL & DENTAL COLLEGE, FAISALABAD



A Project of Aziz Fatimah Trust
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Form # O-

Pre Admission Form for Allied Health Sciences Degree Programs

Write down the name of disciplines in order of Preference

- B. Sc (Hons) Medical Laboratory Technology
- B. Sc (Hons) Operation Theatre Technology
- B. Sc (Hons) Medical Imaging Technology
- B. Sc (Hons) Nutrition

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 Not Required

2 Emergency Contact Information

Contact Person Name

Mobile # : Relation :

3 Educational Information:

S. #	Qualification	Roll #	Pass Year	Institution	Obt. Marks	Total Marks	Percentage (%)

4 Declaration by the Applicant and Parent / Guardian :

I solemnly declare that information given is true and factual to the best of my knowledge. If granted admission, I undertake to comply rules and regulation of Aziz Fatimah Medical & Dental College. I Further, undertake that I will pay the college dues including tuition fee and all other dues etc regularly without any delay on due dates.

Sign of Applicant

Sign of Parent / Guardian

Date

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

- 1 Matric or Equivalent Certificate
- 2 F. Sc or Equivalent Certificate
- 3 Father / Guardian CNIC
- 4 Student CNIC / B Form
- 5 Five x Photographs Passport size
- 6 Domicile Certificate

For Office Use Only**Qualification****Marks****% age**

Matric / Equivalent

F. Sc / Equivalent

Any Other

Merit No.

Recommendations / Remarks by Interview Committee:**Decision:**

Admitted

Rejected

Principal Signature