All	A Project of Aziz Fatimah Trust West Canal Road, Faisal Town, Faisalabad 1-8752931-5 Fax: +92-41-8755031									
	E mail: admissions@afmdc.edu.pk Web: www.afmdc.edu.pk	Form # C-								
Pre Admission Form for Allied Health Sciences Degree Programs										
Write down the name of disciplines in order of Preference										
B. Sc (Hons) Med	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 <u>Educational Information:</u>										
S. #	Qualification	Roll #	Pass Year	Institution		Obt. Marks	Total Marks	Percentage (%)		
4	Declaration by the	e Applicant a	nd Paren	l t / 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 regulalary without any delay on due dates.										
Sigr	of Applicant			Sign of Parent / Guardian		Dat	е			
5	Documents to be	attached wit	n Applica	tion Form:(Attested Photocop	ies)					
	1 Matric or Equi									
	2 F. Sc or Equiva		te	님						
	3 Father / Guard			님						
	4 Student CNIC / B Form									
	5 Five x Photogr		t size							
	6 Domicile Certi	ficate								
				For Office Use Only						
	Qualifie	cation		Marks	% ag	e				
	Matric	/ Equivalent								
F. Sc / Equivalent										
	Any Otl	her								
N	1erit No.									
Recommendations / Remarks by Interview Committee:										
Dec	ision: Admitte	ed		Rejected			Principal	Signature		