AZ	AZIZ FATIMAH MEDICAL & DENTAL COLLEGE, FAISALABAD A project of Aziz Fatimah Trust West Canal Road, Faisal Town, Faisalabad																					
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	t	- mai	nissions@afmdc.edu.pk					Web: www.afmdc.edu.pk							<b>Form #</b> <u>C-</u>							
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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	t / Guardian :				<u>.                                    </u>				
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	e					
5	Documents to be	attached wit	h Applica	tion Form:(Attested Photoco	pies)							
	1 Matric or Equ			님								
<ul> <li>2 F. Sc or Equivalent Certificate</li> <li>3 Father / Guardian CNIC</li> </ul>												
	4 Student CNIC											
	<b>5</b> Five x Photog		t size	H								
	6 Domicile Cert											
				For Office Use Only								
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Recommendations / Remarks by Interview Committee:												
Dec	ision: Admitt	ed		Rejected			Principal	Signature				