



AZIZ FATIMAH MEDICAL & DENTAL COLLEGE, FAISALABAD



A Project of Aziz Fatimah Trust
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Form # C-

Pre Admission Form for Doctor of Physical Therapy (DPT)



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
- 7 IBCC Attestation

For Office Use Only

Qualification	Marks	% age
Matric / Equivalent		
F. Sc / Equivalent		
Any Other		

Merit No. **Note:-**

Admission will be confirmed subject to the appearance in the entry test as per UHS requirements and the IBCC attestation of original documents (Matric and FSc certificate).

Recommendations / Remarks by Interview Committee:

Decision:

Admitted Rejected _____
Principal Signature