Contraction of the second seco	_	Candidate ID
	<u>(MBBS 2023-24)</u>	
Status of Applicant (please tick on		1x Passport Size Attested Photograph
Open Merit Foreign / C	overseas / Dual National GHQ quo	ota with Blue Background
Name of Candidate:		
Candidate's CNIC No		(Paste with Gum)
Father Name:		
Gender:	Candidate's Mobile No. :	
Date of Birth:	Place of Birth:	
Blood Group: Nationality: _	District of Domicile: _	
E-Mail:	Passport No. / Security No. :	
Postal Address:		
Present Resident Address:		
Permanent Address as per CNIC:		
·		
Father's Name:		
Father's Name: Father's CNIC No.:		
Father's Name: Father's CNIC No.: Mobile No.:		
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation:	Land line No.: Father's Annual Inc	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income:	Land line No.: Father's Annual Inc	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income: Mother's Name:	Land line No.: Father's Annual Inc	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income: Mother's Name: CNIC No.:	Land line No.: Father's Annual Inc	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income: Other's Name: Mother's Name: CNIC No.: Occupation & Designation:	Land line No.: Father's Annual Inc Mobile No.: Mother's Annual	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income: Other's Name: Mother's Name: CNIC No.: Occupation & Designation: Guardian's / Sponsor's Name:	Land line No.: Father's Annual Inc Mobile No.:	ome:
Father's Name: Father's CNIC No.: Mobile No.: Occupation & Designation: Other source of income: Other's Name: Mother's Name: Mother's Name: Guardian's / Sponsor's Name: Guardian's / Sponsor's CNIC:	Land line No.: Father's Annual Inc Mobile No.: Mother's Annual	ome:
Father's Name:	Land line No.: Father's Annual Inc Mobile No.: Mother's Annual Mobile No.:	ome:

Contact in Case of Emergency

Name:	Relation:
Postal Address:	

Mobile No. 1: _____

Mobile No. 2: __

Yes

No

No

Have you ever been adm	itted to any Medical	College Previously?
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Academic Record

Examination	Registration No.	Roll No.	Year of Passing	Institution Name	Name of Board	Marks Obtained	Marks Total
SSC /O- Level / Equivalent							
HSSC / A- Level / Equivalent							

* All candidates must submit Matric & F.Sc certificates attested by IBCC

** Candidate who hold Qualification other than Matric & F.Sc will be provide Equivalence certificate from the Inter Board Committee Chairman, (IBCC).

Entry Test Record

Entry Test Name	Roll No.	Year	Obtained Marks	Total Marks

Yes

Hostel Accommodation required?

Declaration:

I Mr/Ms		/ N	ICOP	/ Pas	sport	No
Son/Daughter of				, an ap	oplicant	t for
admission to CMH Kharian Medical College Kharian (CKMC), s	olemnly a	ffirm	and de	eclare th	nat all	the
information provided by me during the admission process is corre	ect. I have	obta	ined ar	nd unde	rstood	the
terms and conditions of the college and the admission procedu	re. I agree	ed to	abide	by the	rules	and
regulations of CKMC currently stated as well as modification of thes	se rules an	d reg	Julation	s from ti	me to t	time
by the authorities of the institution. I undertake that I / my family h	have alloca	ated	the fina	ncial re	source	s to
support my studies at CKMC for the entire duration of the course of	f the study	. I he	reby, a	ssure th	at all d	ues
will be paid by the due date according to the payment schedule of (CKMC.					

I fully understand that the refund of any dues paid will be governed by the college refund policy. I will not object to the any additional charges levied by government, university or the college during the course of my studies. I will clear all my dues including tuition fee and hostel dues before submission of university professional exams application form every year.

I will have no objection due to any unforeseen reasons if the university affiliation of CKMC is changed during the course of my training period for any administrative purpose.

Applicant's Signature with date