



UNIVERSITY OF HEALTH SCIENCES LAHORE

- ABWA Medical College, Faisalabad,
- Niazi Medical College, Sargodha,

OPEN MERIT MBBS

Application Form

For Admission to First Year MBBS Programme
Session 2018-2019

Agg. Percentage (As per PM&DC formula)

_____ %

Part 1 – Personal Information

1. Name of the Applicant

2. Father's/Guardian Name

3. Mother's Name

4. Gender

 M F

5. Nationality

Paste Recent Color
Photograph (3.5cm wide &
4.5cm high) attested on
the front and attach three
attested on the back

6. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

7. Province of Domicile

8. District of Domicile

9. CNIC/B-Form No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10 Mailing Address (Res.) in Pakistan only

11 Tel (Landline)

12.Cell

13. E-mail

Part 2 – Qualifications

Examination Passed	Science Subjects	Institution Attended	Board / University	Year of Passing	Marks Obtained (Equivalence)	Total Marks
SSC/Equivalent						
HSSC/12 th Grade/ Equivalent						

Part 3 – Provincial/Regional Admission Test

(A) Provincial/Regional Admission Test for the current year conducted by a Provincial/Regional Authority.

Roll No.	Name of Admission Test	Province/ Region	Conducting Authority	Marks Obtained	Total Marks

Dated: _____

Signature of Applicant

Part 4 – Declaration of Preferences

VERY IMPORTANT

- (1) *When filling out the application, every applicant has to rank the two (02) medical colleges/institutes in order of preference, starting with his/her first choice. In other words, all eligible candidates are allowed to write down both private sector medical colleges/institutes in the order that they would like to be considered for admission.*
- (2) **The order of preferences once submitted shall be final and cannot be changed subsequently. This condition is mandatory and neither any subsequent change is entertainable nor any exceptions will be made.**
- (3) *Starting with the first preference, applicants will be assessed and ranked according to the merit for each college/institute. A computerized matching process will allocate applicants meeting the minimum merit requirements a place to the highest listed preference for which they are eligible.*
- (4) *Once offered a place to the highest listed preference, an applicant cannot demand admission to a college/institute named lower in his/her preferred list.*
- (5) ***An applicant, under no circumstances, shall be considered for a college/institute, he/she has not named in his/her order of preferences. The Admitting University shall not assign a college/institute by itself if the alternate choices are not indicated.***

Choice No.	Full Name of the Institution	Signatures of the Applicant
1.		
2.		

Part 5 – Solemn Affirmation by the Applicant

I _____ S/D/O _____ solemnly affirm that the information contained in this Application Form, and the documents attached with this form, are complete and accurate.

I understand that if any information in this application, or in the documents and certificates that are attached with this application, is not complete or accurate, I shall not be considered for admission, and if somehow admitted, the Admitting University shall cancel my admission, and I shall be expelled from the institution, and all fees and other dues paid by me to the institution up to that time shall be forfeited.

I have gone through the Pakistan Medical and Dental Council (MBBS and BDS admissions, house job, internship) Regulations 2018 and I undertake to abide by all conditions.

I agree that submission of this Application Form does not confer any right on me in respect of selection for admission, which shall only be granted on merit.

I understand that in case of failure to join the college or deposit fee by due date, my admission shall stand cancelled automatically.

Name of Applicant

Date: _____

Signatures of Applicant

Thumb Impression

(Left Thumb for Male and Right for Female)

Part 6 – Declaration of the Father/Guardian

I, _____

Father/Guardian of Mr./Ms. _____

an applicant for admission to a medical/dental institution of Punjab, fully understand that if any of the statements made in the above application is found to be wrong in any way my son/ daughter would be liable to be refused admission to the institution even otherwise eligible and if admitted would be liable to expulsion from the institution at any time during the course of his/her studies and in such a case, all fees and other dues paid by him/her up to the time of expulsion shall be forfeited.

I, also undertake to fulfill any other requirement in the shape of bond/affidavit required of me by the Admitting Authority/Institution.

Name of Father / Guardian

Signatures of Father / Guardian

Father/Guardian CNIC No.

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For office use only

Received the Application Form of Mr/Ms _____ on this day of _____
_____, 2019 at _____ am/pm _____ Center.

Name & Signature of the Dealing Officer

CHECK LIST OF DOCUMENTS ATTACHED

Please tick (✓) the relevant boxes

- Three (03) attested copies of Matriculation (SSC) Certificate or result card issued by concerned BISE/Equivalence Certificate of O-Level, etc., issued by IBCC.
- Three (03) attested copies of HSSC Pre-Medical result card issued by concerned BISE /Equivalence Certificate of A-Level/12th Grade,etc. issued by IBCC.
- Three(03) attested copies of transcripts/result of A-level/12th Grade, etc., (in case of foreign qualifications) issued by concerned foreign university/high school/board.
- Three (03) attested copies of result card of relevant Provincial Admission Test conducted by concerned Provincial Admission Authority for Session 2018-2019.
- Three (03) attested copies of Domicile Certificate of the candidate.
- Three (03) attested copies of CNIC/B-Form of the candidate.
- Three (03) attested copies of CNIC of Father / Guardian.
- Four (04) recent color photographs of the candidate, Size: 3.5cm wide & 4.5cm high (One to be pasted on the form and then attested on the front; other three attested on the back and attached with the form).
- Original Undertaking on Rs.100/- stamp paper (as per template given as Annexure P-1 on UHS website: www.uhs.edu.pk)
- Three (03) attested copies of Hifz-e-Quran Certificate issued by a registered Madrassa (only for candidates claiming to be Huffaz-e-Quran).

Name & Signature of Applicant

Name & Signature of the Dealing Officer

Date: _____