



INDUS MEDICAL COLLEGE

TANDO MUHAMMAD KHAN, SINDH
ADMISSION FORM FOR M.B.B.S
ACADEMIC SESSION 2019-2020

Please Attach
 Your Recent
 Passport Size
 Photograph

Please Print or Type in Blue Ink Clearly

Please note that incomplete and incorrect information will disqualify the candidate from the admission process.

CANDIDATE PERSONAL INFORMATION

NAME	WRITE YOUR FULL NAME IN BLOCK LETTERS, AS SHOWN IN YOUR MATRIC CERTIFICATE.							
FATHER'S NAME	WRITE FULL NAME IN BLOCK LETTERS, AS SHOWN IN YOUR MATRIC CERTIFICATE.							
SURNAME / FAMILY NAME	WRITE BLOCK LETTERS, AS SHOWN IN YOUR MATRIC CERTIFICATE							
DATE OF BIRTH	DAY	MONTH	YEAR	WRITE AS SHOWN IN YOUR MATRIC CERTIFICATE.				
PLACE OF BIRTH				DISTRICT OF BIRTH				
CNIC / FORM-B NUMBER	WRITE YOUR (CNIC) NATIONAL IDENTITY CARD / FORM-B NUMBER WITHOUT DASHES FROM NADRA							
NATIONALITY				RELIGION				
MARITAL STATUS	SINGLE	MARRIED	GENDER	FEMALE	MALE	Hafiz-e-Quran	YES	NO
DO YOU HAVE ANY DISABILITY?								
DISTRICT OF DOMICILE & PRC	APPENDIX-XIV, FORM (C)			DOMICILE NO.				
DOMICILE PROVINCE				DATE OF ISSUE				
DOMICILE PROVINCE				P.R.C NO.				
PRESENT ADDRESS								
CITY				DISTRICT			PROVINCE	
PERMANENT ADDRESS (CNIC)				CITY	DISTRICT	PROVINCE		
E-MAIL ADDRESS				CELL NO.				

CONTACT INFORMATION (MAILING. POSTAL ADDRESS)

ADDRESS (Send to Letter By Post)								
CITY				DISTRICT			PROVINCE	
POSTAL CODE					PHONE NO.			
CELL NO.				CELL NO.				

PARENT'S INFORMATION

FATHER'S NAME (IN BLOCK LETTERS)																			
SURNAME (IN BLOCK LETTERS)						DATE OF BIRTH	Day		Month		Year								
CNIC NO. (FROM NADRA)						-							-						
CNIC DATE OF ISSUE	Day			Month		Year		CNIC DATE VALID UP TO		Day		Month		Year					
DOMICILE NO (APPENDIX-XIV)						DOMICILE DATE OF ISSUE													
OCCUPATION						DESIGNATION													
DEPARTMENT / ORGANIZATION																			
OFFICE ADDRESS						OFFICE TEL NO.													
CITY						DISTRICT			PROVINCE										
E-MAIL ADDRESS						CELL NO.	0						-						
MOTHER'S NAME (IN BLOCK LETTERS)																			
CNIC NO* (FROM NADRA)						-							-						
CNIC DATE OF ISSUE	Day			Month		Year		CNIC DATE VALID UP TO		Day		Month		Year					
DOMICILE NO** (APPENDIX-XIV)						DOMICILE DATE OF ISSUE													
CELL NO.	0					-							Residence TEL NO.						

NOTE: * Domicile of Father, if father is not alive then Mother (along-with Death Certificate issued by NADRA)

** CNIC Father, if father is not alive then Mother.

TAXPAYER INFORMATION

NAME (IN BLOCK LETTERS)						RELATIONSHIP													
SURNAME (IN BLOCK LETTERS)						DATE OF BIRTH	Day		Month		Year								
CNIC NO. (FROM NADRA)						-						-							
CNIC DATE OF ISSUE	Day			Month		Year		CNIC DATE VALID UP TO		Day		Month		Year					
NTN NO.																			
E-MAIL ADDRESS						CELL NO.	0						-						

NOTE: Please indicate name of the person who shall claim your Tax Payment. (Only Parent or guardian)

ACADEMICS QUALIFICATION

MATRIC/ O LEVEL DETAILS

SEAT NO.		PASSING YEAR		ANNUAL/ SUPP	
TOTAL MARKS OBTAINED		TOTAL MARKS OF MATRIC		DIVISION / GRADE	
NAME OF BOARD					
NAME OF INSTTUTE/ SCHOOL					

INTERMEDIATE / A LEVEL DETAILS

SEAT NO.		PASSING YEAR		ANNUAL/ SUPP	
TOTAL MARKS OBTAINED		TOTAL MARKS OF MATRIC		DIVISION / GRADE	
NAME OF BOARD					
NAME OF INSTITUTE/ COLLEGE					

PROVINCIAL / REGIONAL CENTRALIZED ENTRANCE TEST

NAME OF TESTING BODY					
CITY		DISTRICT		PROVINCE	
REASON					
RESULT / SCORE		PERCENTAGE %		FINAL SCORE	

Have you ever been withdraw due to any reason from any program from any Educational Institution?

IF YES

NAME OF INSTITUTE					
CITY		DISTRICT		PROVINCE	
REASON					
DATE					

DECLARATION: I agree, if admitted to the Indus Medical College to comply with College Rules & Regulations. I certify that the information in this application form is true, correct and complete in all respects and that I have not concealed any information and I understand that misrepresentation, falsification of documents or withholding of information are serious offences which can result in denial of admission or removal from Institution and I am responsible for any of the information provided.

GUARDIAN'S INFORMATION

GUARDIAN'S NAME <small>(IN BLOCK LETTERS)</small>						RELATIONSHIP											
SURNAME <small>(IN BLOCK LETTERS)</small>						DATE OF BIRTH	Day	Month	Year								
CNIC NO. <small>(FROM NADRA)</small>					-						-						
CNIC DATE OF ISSUE	Day	Month	Year	CNIC DATE VALID UP TO			Day	Month	Year								
DOMICILE NO <small>(APPENDIX-XIV)</small>					DOMICILE DATE OF ISSUE												
OCCUPATION						DESIGNATION											
DEPARTMENT / ORGANIZATION																	
OFFICE ADDRESS						OFFICE TEL NO.											
CITY						DISTRICT				PROVINCE							
E-MAIL ADDRESS						CELL NO.	0				-						

SIGNATURE OF PARENT / GUARDIAN					SIGNATURE OF APPLICANT				
NAME					NAME				
CNIC #.				-					-
Cell #.					Cell #.				
DATE	DAY			MONTH			YEAR		

FOR OFFICIAL USE ONLY (DO NOT WRITE IN THIS SPACE)

COMPLETE	INCOMPLETE	PROVISIONAL									
DEMAND DRAFT NO.								DATE			
NAME OF BANK											
APPLICATION RECEIVED BY											
NAME						DESIGNATION					
SIGNATURE						DATE					