

# WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

## INSTRUCTIONS SLIP

Please read and follow the under mentioned instructions carefully:

- \* Fill in the forms in capital letters. (Type/write)
- \* Do not over-write or use the blanking fluids (e.g blanco, etc.)
- \* It is suggested that, at first the photocopy of each form be made and filled. The original forms may then be filled accordingly.
- \* The attesting authorities, where not mentioned, will be as per the rules of the Government of Pakistan.

### **STEPS**

#### Step 1 (At the time of submission of Application for Admission)

Initially fill in the APPLICATION FORM only. The other forms being provided are required to be filled in at the time of admission.

Please do not forget to attach the following with the application form:

- Three attested copies each of the following:-
  - ❖ Matric/Equivalent Certificate
  - ❖ FSc (Pre-Medical)/Equivalent Certificate (Equivalence Certificate from the Inter-Board Committee of Chairmen, Islamabad relevant to a foreign qualification)
  - ❖ Computerized National Identity Card/Form-B of the candidate
  - ❖ Computerized National Identity Card of Father/Guardian
  - ❖ Service Certificate (in case of serving Army Personnel) and Discharge Certificate (in case of retired Army Personnel)
  - ❖ English Proficiency Certificate (for Foreigners only)
  - ❖ Certificate of Domicile
  - ❖
- Detailed Marks Certificate of NUMS Entrance Test / SAT-II (as applicable).
- Computer print of NUMS Entry Test result may be accepted as a special case.
- A bank draft drawn on National Bank of Pakistan, Wah Cantt in favour of Principal Wah Medical College, for **Rs. 4500/-** for Pakistani residents and US \$60 for overseas/foreign applicants as processing fee.
- In case of Application form down loaded from our website DD amounting to **Rs 6500/-** for Pakistani Residents and US \$ 100 for overseas/foreign applicants will be attached with application.
- **Cheques and postal orders are not acceptable. Please do not send cash with postal requests.**
- Certificate by the Parents serving in POF. (If applicable)
  - Duly signed by the head of the department and countersigned by Director Admin POF, stating clearly the BPS of the parent and eligibility of the candidate for the category of concession as per the POF rules on the subject.

#### Step 2 (On grant of admission in WMC)

- \* Original Matric/Equivalent Certificate
- \* Original FSc (Pre- Medical) /Original Equivalence Certificate from the Inter -Board Committee of Chairmen, Islamabad
- \* **Judicial Stamp Paper** Two blank judicial stamp paper, one of value Rs. 100/- for the undertaking, issued jointly in the name of the candidate and the father/guardian (Specimen is available on College Website) and second blank judicial paper of value Rs 50/- issued on the name of candidate for Affidavit to be submitted to PM&DC for Registration.
- \* Original certificate regarding Vaccination against Hepatitis B.
- \* Recent, six passport size photographs with blue back ground(these photographs will be in addition to the ones pasted on the application form)
- \* Original Medical Fitness Certificate alongwith investigations as described in Prospectus.
- \* Hostel Residence Application Form, if required
- \* The list of authorized Hostel Visitors if applicable.

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## APPLICATION FORM

(PRIOR TO FILLING THE FORM, PLEASE READ CAREFULLY THE INSTRUCTIONS SLIP)

Application for Admission in Session 2016-2017

### STATUS

- Pakistani Resident
- Overseas / Foreigner
- Ward of Serving/Retd POF Personnel (BPS-----)
- Ward of WMC Employee
- Ward of Shaheed/War Wounded & Serving/Retd Army Personnel
- Resident of FATA / Balochistan / Gilgit / Baltistan

Passport size  
photograph to be  
pasted and then  
attested on the front

<b>FOR OFFICE USE</b>					
Application Number	Registration Number				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">PM&amp;DC</td> <td style="width: 50%; padding: 5px; text-align: center;">UHS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	PM&DC	UHS		
PM&DC	UHS				

### PERSONAL DATA

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Nationality of the Candidate: \_\_\_\_\_ CNIC/Form B No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Alive  Deceased

Father's CNIC No: \_\_\_\_\_

Father's Profession [Exact designation]: \_\_\_\_\_

Official Address: \_\_\_\_\_

Phone: Office \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Present Mailing Address of Parents: \_\_\_\_\_

Phone: Res \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Passport No. [Foreign / overseas applicant]: \_\_\_\_\_

Name of Guardian [If other than father] : \_\_\_\_\_

Occupation of Guardian : \_\_\_\_\_

E-mail : \_\_\_\_\_ Mobile # \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Res \_\_\_\_\_ Fax \_\_\_\_\_

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## EDUCATIONAL QUALIFICATIONS

(Please attach attested Photocopies of the Supporting Documents)

Degree/Diploma/ Certificate	Institution Attended	Board/ University	Grades/ Marks	Year Passed

## HONOURS/MEDALS/POSITIONS/SCHOLARSHIPS

Achievement	Institution /Occasion	Year

## LANGUAGES

Please indicate the language and your reading, writing and speaking skill level  
(Rate as Excellent / Good / Fair)

Language	Read	Write	Speak

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## CO-CURRICULAR ACTIVITIES

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## HOSTEL

I wish to reside in the college hostel

Yes

No

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**Signature of Applicant**

**Name** : \_\_\_\_\_

**Father's Name** : \_\_\_\_\_

# WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

## HOSTEL RESIDENCE APPLICATION FORM

Name \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Domicile \_\_\_\_\_

Nationality \_\_\_\_\_

Present Address \_\_\_\_\_

Passport size  
photograph to be  
pasted and then  
attested on the front

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_

Person to be contacted in Case of Emergency \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Off \_\_\_\_\_ Res \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Hostel Fee Deposited Vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

If I am provided hostel accommodation, I will abide by the hostel rules and regulations. I will reside myself only on the basis of the hostel card issued to me by the WMC authorities and will not hand over the same to anyone else. In case of violation/abuse of procedure, I will deem myself as well as the person, to whom the card has been illegally handed over by me, liable to strict disciplinary action/cancellation of hostel card etc. I will vacate the hostel as & when the relevant card expires or is withdrawn by the College authorities.

I further undertake that I will not indulge in any activity prejudicial to the good order and discipline of the College, failing which, I will not object to any disciplinary action taken against me by the College authorities.

Name: \_\_\_\_\_  
(Signature of Applicant)

Name: \_\_\_\_\_  
(Signature of Father/Guardian)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hostel Warden

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

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## HOSTEL VISITORS LIST

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

1. Names of persons who are allowed to visit the student in the Hostel:

Name (in Capital Letters) and CNIC No.	Relationship	Address

2. I, father/guardian of \_\_\_\_\_ do hereby permit the following two individuals to take my ward out from the College hostel for a period of:

- |               | Yes                      | No                       |                                    |
|---------------|--------------------------|--------------------------|------------------------------------|
| • A few hours | <input type="checkbox"/> | <input type="checkbox"/> | [Mark X in the box not applicable] |
| • Weekend     | <input type="checkbox"/> | <input type="checkbox"/> |                                    |
| • Holidays    | <input type="checkbox"/> | <input type="checkbox"/> |                                    |

(i) First Individual's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Designation/Occupation \_\_\_\_\_

Relationship \_\_\_\_\_

CNIC # \_\_\_\_\_

(Please attach an attested Photocopy of CNIC)

Address \_\_\_\_\_

Phone: Off \_\_\_\_\_ Res \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

