

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 **Two attested copies** each of the following with the application form:-

- a. Matric/Equivalent Certificate
- b. FSc (Pre-Medical)/Equivalent Certificate (Equivalence Certificate from the Inter-Board Committee of Chairmen, Islamabad relevant to a foreign qualification)
- c. Computerized National Identity Card/Form-B of the candidate
- d. Computerized National Identity Card of Father/Guardian
- e. Service Certificate (in case of serving Army Personnel) and Discharge Certificate (in case of retired Army Personnel)
- f. English Proficiency Certificate (for Foreigners only)
- g. Certificate of Domicile
- h. Detailed Marks Certificate of NUMS Entrance Test / SAT-II/MCAT (USA) (as applicable).
- i. A bank draft for **Rs. 3,500/-** from any bank of Pakistan in favour of "Wah Medical College" from all applicants as processing fee.
- j. In case if application form is downloaded from our website then DD amounting to **Rs 6,500/-** is required to be attached with application form.
- k. **Cheques and postal orders are not acceptable. Please do not send cash with admission form.**
- l. Certificate by the Parents Serving/Retired/Deceased employee 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)*

- a. Original Matric/Equivalent Certificate
- b. Original FSc (Pre- Medical) /Original Equivalence Certificate from the Inter-Board Committee of Chairmen, Islamabad.
- c. Original Migration Certificate (NOC) from last Board attended (FSc).
- d. **Judicial Stamp Paper** (i) One blank judicial stamp paper of value Rs 50/- issued on the name of candidate for Affidavit to be submitted to PM&DC for Registration
(ii) One judicial stamp paper of Rs. 100/- for the undertaking, issued jointly in the name of the candidate and the father/guardian (Specimen is available on College Website) duly filled and notarized by Notary Public.
- e. Original certificate regarding Vaccination against Hepatitis B.
- f. Recent, **twelve (12)** passport size photographs with blue back ground (these photographs will be in addition to the ones pasted on the application form)
- g. Original Medical Fitness Certificate alongwith investigations as described in Prospectus.
- h. Hostel Residence Application Form, if required
- i. The list of authorized Hostel Visitors if applicable.

WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

APPLICATION FORM

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

Application Form for Admission in MBBS Session 2017-2018

Status/Category

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

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

FOR OFFICE USE		
Application Number	Registration Number	
	PM&DC	NUMS

PERSONAL DATA

Name of Applicant: _____

(as per Matriculation Certificate in block letters)

Date of Birth: _____ Age : _____ Sex: _____

Marital Status: _____ Religion: _____ Domicile District/Province: _____

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 _____

Current Address of Parents: _____

Phone: Res _____ Mobile _____ Fax _____

Permanent Address : _____

Note: If status/category is not marked, then form will be considered against Pakistani Resident Seat.

WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

Passport No. [Foreign/Dual Nationality/Overseas applicant]: _____

Place of Issue: _____ Date of Issue: _____ Date of Expiry: _____

Name of Guardian [If other than father] : _____

Occupation of Guardian : _____

E-mail : _____ Mobile # _____

Phone: Office: _____ Res _____ Fax _____

EDUCATIONAL QULALIFICATIONS

(Please attach attested Photocopies of the Supporting Documents)

Degree/Diploma/ Certificate	Institution Attended	Board/ University	Roll Number	Marks Obtained	Total	Year	%	Aggregate % (for WMC use only)
Matric / O level (Equivalence)								
FSc / A level (Equivalence)								
Entry Test (NUMS/SAT-II/ MCAT (USA))								
Aggregate Percentage (Matric 10% + FSc 40% + Entry Test 50%)						G. Total		

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

WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

CO-CURRICULAR ACTIVITIES

HOSTEL

I wish to reside in the college hostel

Yes

No

Signature of Applicant

Signature of Father/Guardian

Name : _____

Name Father/Guardian: _____

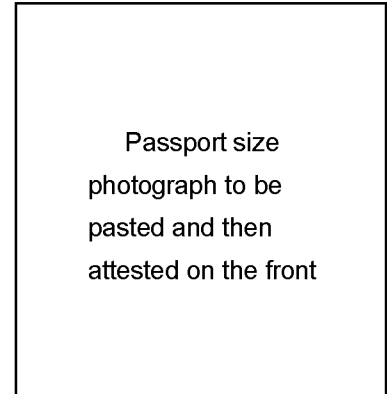
CNIC Number : _____

CNIC Number: _____

WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

HOSTEL RESIDENCE APPLICATION FORM

Name _____
Father's/Guardian's Name _____
Domicile _____
Nationality _____
Present Address _____



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/Director Students Affair

WAH MEDICAL COLLEGE, WAH CANTT. PAKISTAN

(ii) Second 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 _____

Signature of Father/Guardian

Signature of Student

Name _____ Name _____

Address _____

Date _____

Warden

Date _____

Principal/Director Students Affair
