

WAH MEDICAL COLLEGE

ADMISSION APPLICATION FORM FOR MBBS SESSION 2022-23

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

Status / Category (Please Tick One)			Passport size photograph to be pasted and attested from front
→	Pakistani Resident / Dual national / Overseas	<input type="checkbox"/>	
→	Foreigner	<input type="checkbox"/>	
→	Ward of Shaheed / War Wounded Army Personnel	<input type="checkbox"/>	
→	Ward of POF Employee	<input type="checkbox"/>	

STUDENT'S PERSONAL DETAILS (AS PER MATRICULATION CERTIFICATE IN BLOCK LETTERS)

Name											Religion			
Date of Birth					Age			Gender			Sect			
CNIC/Form-B No.					-						-			
Contact No.							Nationality							
WhatsApp No							Passport No.							
Email							Hostel Facility	Yes		No				
Marital Status							Transport	Yes		No				
Domicile														

(TO BE FILLED BY DUAL NATIONAL ONLY)

2nd Nationality					Date of Issue				
Passport No.					Place of Issue				

EDUCATIONAL QUALIFICATIONS

Degree / Diploma / Certificate	Institution Attended	Board / University	Roll #	Marks Obtained	Total	Passing Year	%age
Matric							
O- Level							
FSc							
A- Level							
NUMS MDCAT Score							

Weightage for Merit Calculation (Matric 10% + FSc 40% + MDCAT for NUMS 50 %)

STUDENT FATHER'S DETAILS														
Father's Name											Alive		Deceased	
Father's Occupation											Filler		Non-Filler	
Father's CNIC						-						-		
Contact No.						WhatsApp No								
Email						Nationality								
STUDENT MOTHER'S DETAILS														
Mother's Name											Alive		Deceased	
Mother's Occupation											Filler		Non-Filler	
Mother's CNIC						-						-		
Contact No.						WhatsApp No								
Email						Nationality								
STUDENT GUARDIAN'S DETAILS														
Guardian Name											Filler		Non-Filler	
Guardian CNIC						-						-		
Contact No.						WhatsApp No								
Email						Occupation								
Note:	<ul style="list-style-type: none"> → Guardian of student will be the person paying students' fee from his / her account. → Father / Mother, real sister / Brother, real uncle (mamu, chacha) may be the guardian → Solid proof of guardianship will be required on stamp paper in shape of an affidavit. → No need of affidavit in case Father / Mother are the guardian. 													
Current Mailing Address														
Permanent Mailing Address														
Note:	All future correspondence with parents will be made on current address and above given emails IDs and WhatsApp numbers, as and when required.													
Signature of Applicant				Signature of Father / Mother				Signature of Guardian						
Date: _____														

WAH MEDICAL COLLEGE

HOSTEL RESIDENCE APPLICATION FORM

FOR BOARDERS OF MBBS SESSION 2022-23

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

Name														photograph to be pasted and Front attested from						
Date of Birth						Age														
CNIC/Form-B No						Gender														
Domicile																				
Student's Email																				
Contact No.																				
WhatsApp No.																				
Nationality						Religion														
Father's Name											Alive			Deceased						
CNIC No.						-														
Contact No.						WhatsApp No														
Email																				
Mother's Name											Alive			Deceased						
CNIC No.						-														
Contact No.						WhatsApp No														
Email																				
Guardian's Name																				
CNIC No.						-														
Contact No.						WhatsApp No														
Email																				
Current Mailing Address																				
Permanent Mailing Address																				
Note:	<i>All future correspondence with parents / guardians will be made on current address and above give emails IDs and WhatsApp numbers, as and when required.</i>																			
IN CASE OF EMERGENCY																				
Person to be Contacted																				
Relationship with Student																				
CNIC No.						-														
Contact No.						WhatsApp No														
Email																				

HOSTEL VISITOR LIST
(Other than Mother / Father)

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

Ser	Name	CNIC	Relationship
1			
2			
3			

I, father / Mother / guardian of _____ do hereby permit / allow my son / daughter to commute to / from Wah Medical College Fatima Hostel on her own as and when required. Wah Medical College (Fatima Hostel) administration will not be responsible for any accident / mishap or her whereabouts outside College premises.

I also, do hereby affirm that above mentioned nominees may visit my son / daughter residing at WMC Hostel (Fatima / Jinnah).

Checked and Verified by
Student Affairs

Father / Mother / Guardian
Guardian in case father / mother is not alive

Chief Warden / Warden