



WAH MEDICAL COLLEGE, WAH CANTT

HOSTEL APPLICATION FORM

ADMISSION IN MBBS SESSION 2025-26

1x1

Photograph
to be pasted

APPLICANTS PERSONAL INFORMATION

Name of Applicant: _____
(as per Matriculation Certificate in block letters)

Date of Birth: _____ Age: _____ Gender: _____

Domicile: _____ Marital Status: _____ Religion: _____

Nationality: _____ CNIC/Form B No: _____

Contact No: _____

WhatsApp No: _____

Student Email: _____

FATHER PERSONAL INFORMATION

Father Name: _____ Alive Deceased

Father Email ID: _____ Father CNIC No: _____

Father Contact Number: _____

Fathers WhatsApp No: _____

Email ID: _____ Father Profession _____

Current Address _____

Permanent Address _____

MOTHER PERSONAL INFORMATION

Mother Name: _____ Mother CNIC No: _____

Mother Contact Number: _____ WhatsApp No: _____

Mother Email ID: _____ Occupation: _____ :

Current Address _____

Permanent Address _____



HOSTEL VISITORS FORM

I, _____ father / Mother / Guardian of _____
do hereby solemnly affirm that: -

- ❖ I allow / permit my son / daughter to commute to / from WMC at her own as and when required.
- ❖ I allow / permit below mentioned nominees to visit my son / daughter residing in WMC Hostel (Fatima / Jinnah) and take him / her with them after verification.
- ❖ I do affirm that after taking out pass from WMC Hostel (Fatima / Jinnah) WMC Administration will not be responsible for any incident / mishap or his / her whereabouts outside college premises.
- ❖ CNIC copy of visitors is mandatory required.

VISITOR WHO CAN VISIT MY SON / DAUGHTER

Ser	Name	Relationship	CNIC	Mobile No.
1				
2				
3				

Student Signatures

Father / Mother / Guardian

Student Affairs

Chief Warden