



GAMBAT MEDICAL COLLEGE, GAMBAT  
PIR ABDUL QADIR JILANI INSTITUTE OF MEDICAL SCIENCES

## APPLICATION FORM

For Admission to

**MBBS Course**

Academic Session 2023-24

**IEAP** (Local) / **IEAP** (Overseas Pakistanis)

- Paste here your recent photograph and submit Four attested extra copies with the application form.
- Ensure your full name is written on the back of each photograph.

DISTRICT

**NOTE:** Please read and fill the form carefully. Fill all the columns in CAPITAL Letters with Blue / Black Ink.

### PERSONAL INFORMATION

NAME OF APPLICANT:

FATHER'S NAME:

SURNAME: <input type="text"/>	Date of Birth: <input type="text"/>		
Nationality: <input type="text"/>	Religion: <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
District of Domicile (Candidate): <input type="text"/>			
District of PRC (Candidate): <input type="text"/>			
District of Domicile (Father / Mother): <input type="text"/>			
CNIC or 'B' form No. of candidate (if CNIC is not available) Date of issuance <input type="text"/>			
Father / Guardian CNIC No: <input type="text"/>			

Present Address: <input type="text"/>		
Address Mentioned on Domicile/PRC (Mandatory): <input type="text"/>		
Candidate's Email: <input type="text"/>	Father's Email: <input type="text"/>	
Phone No: (Home) <input type="text"/>	<input type="text"/> Candidate's Cell: <input type="text"/>	Father's Cell: <input type="text"/>

Name of Examination	Matric Science / O Level	Inter Science / A Level
Seat No.	<input type="text"/>	<input type="text"/>
Passing Year	<input type="text"/>	<input type="text"/>
Name of Board	<input type="text"/>	<input type="text"/>
Total Marks Obtained / Out of	<input type="text"/>	<input type="text"/>
Division / Grade	<input type="text"/>	<input type="text"/>

### Particulars of MDCAT

MDCAT Seat No.	Test Centre	Score	Year of Passing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Particulars of Application to Admitting University

Date of Online Application	Date of Application by Hard Copy
<input type="text"/>	<input type="text"/>

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Signature of Father / Guardian

\_\_\_\_\_  
Signature of Applicant

NOTE: RESPONSIBILITY OF ANY DISCREPANCY IN DATA WILL LAY ON THE SHOULDERS OF THE APPLICANT.

## DETAILS OF THE DD/BANKER'S CHEQUE

DD / Banker's Cheque No. \_\_\_\_\_ Rs. \_\_\_\_\_ Dated \_\_\_\_\_

Name of the Bank \_\_\_\_\_ Branch/City \_\_\_\_\_

## PARTICULARS OF FATHER / GUARDIAN

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Department: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

## CONTACT IN EMERGENCY

Name of Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No: (Home) \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

## HAFIZ -E- QURAN

Sanad of the Hafiz -e- Quran: \_\_\_\_\_ Issued by: \_\_\_\_\_

### Attach the following attested photostat copies of documents

01. SSC / O level / Matric Marks Certificate and Pacca Certificate.
02. HSC / A level or equivalent Marks Certificate.
03. MDCAT Marks Certificate of year 2023
04. Proof of application to admitting university (Photocopy)
05. Domicile of the Candidate.
06. PRC Form C of the Candidate.
07. Domicile of Father.
08. CNIC / B Form of Candidate.
09. CNIC of Father.
10. Hafiz-e-Quran Certificate (if applicable)
11. Father's death certificate (if applicable)
12. DD / Banker's Cheque of prescribed fee in the name of Director PAQJIMS, Gambat.
13. Rs. 2,000/- Challan receipt (Processing Fee) **ORIGINAL** Copy.
14. 2 Passport size photographs. (Original)

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Signature of Applicant

**Website: [www.gims.edu.pk](http://www.gims.edu.pk)**

**The form can only be accepted through any recognized courier services.  
By hand submission will not be entertained.**

**Please Submit Original Filled Application Form  
along with required documents at:**

**Directorate of Admissions  
Gambat Medical College @ Pir Abdul Qadir Shah Jeelani  
Institute of Medical Sciences, Gambat**

Fill all boxes with your present address

Name:

Father Name:

Present Address:

Mob No:

Fill all boxes with your present address

Name:

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Bank Copy



# GAMBAT MEDICAL COLLEGE

@ PIR ABDUL QADIR SHAH JEELANI  
INSTITUTE OF MEDICAL SCIENCES, GAMBAT

## Challan Form For Application Processing Fee



MCB BANK LTD  
A/C# 0774672881000283  
GIMS Branch (1725)  
FTN # 9030206-7

Name: \_\_\_\_\_ Dated: \_\_\_\_\_

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

S.No.	Details of Fee	Amount
1	Application Processing Fee	2000/- (Non refundable)
TOTAL		2000/-
INWORDS: TWO THOUSAND RUPEES ONLY		

Receiving Branch Stamp & Signature

Applicant's Signature

College Copy



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INWORDS: TWO THOUSAND RUPEES ONLY		

Receiving Branch Stamp & Signature

Applicant's Signature

Student Copy



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INSTITUTE OF MEDICAL SCIENCES, GAMBAT

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Applicant's Signature