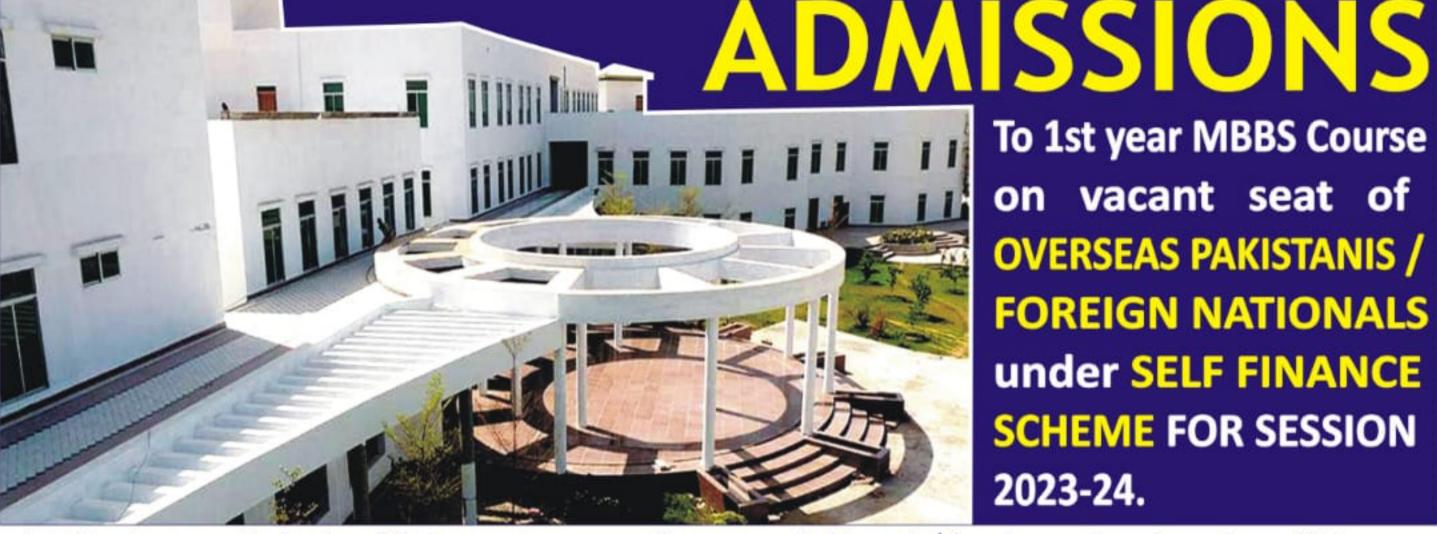
Re-Advertisement

GAMBAT MEDICAL COLLEGE



PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL SCIENCES, GAMBAT, DISTRICT KHAIRPUR MIRS



To 1st year MBBS Course on vacant seat of **OVERSEAS PAKISTANIS / FOREIGN NATIONALS** under SELF FINANCE **SCHEME FOR SESSION** 2023-24.

Applications are invited to fill the vacant seats of overseas Pakistanis/ foreign nationals under self Finance Scheme at GAMBAT MEDICAL COLLEGE @ Pir Abdul Qadir Shah Jeelani institute of Medical Sciences, Gambat

ELIGIBILITY

- Eligible candidates as per criteria of PM&DC for admissions session 2023-24.
- Candidates belonging to tagged district of Gambat Medical College @ PAQSJIMS, Gambat
- Candidates who already filled the from up to 09th January 2024 in response to advertisement floated by Gambat Medical College @ PAQSJIMS, Gambat.

REQUIRED DOCUMENTS

- Entry Test Admit Card.
- Photo copy of DD of (US\$ 11970) Rs. 33,27,660/- in the name of DIRECTOR PAQSJIMS, Gambat.

NOTE

 The Application form can be downloaded from website www.gims.edu.pk. Application form & all required documents should be send to the DIRECTORATE of Admissions, Gambat Medical College @ PAQSJIMS, Gambat.

via any courier Service before the closing the date.

- SUBMISSION OF THE FORM BY HAND IS NOT ALLOWED.
- Application Forms received after the Last Date SHALL NOT BE ACCEPTED AND ENTERTAINED.

LAST DATE OF th **SUBMISSION** OF APPLICATION February 2024

For more information visit our website (www.gims.edu.pk) or contact us on (0243-720908) during office hours.

This is issued with the approval of the Director Pir Abdul Qadir Shah Jeelani institute of Medical Sciences, Gambat.





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	ILAP (LUCAI) I	ILAF	(Overseas	s rakistailis)		
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	3	PERSO	NAL IN	FORMATI	ON		
NAME OF APPLICANT:							
FATHER'S NAME:							
SURNAME:			Date of	Birth:			\Box
Nationality:	Relig	gion:		Male	Fem	nale 🗌	
District of Domicile (Candidate):							
District of PRC (Candidate	2):						
District of Domicile (Father							
CNIC or 'B' form No. of ca			ot availab	le) Date of is	ssuance		
Father / Guardian CNIC N							
Present Address:							
Address Mentioned on Do	omicile/PRC	C (Mandat	tory):				
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Candidate's Email:			Eath	er's Email:			
						1 0 11	
Phone No: (Home)		Candid	late's Cel	l:	Fath	er's Cell:	
Name of Examination		Matric Science / O Level			In	Inter Science / A Level	
Seat No.							
Passing Year							
Name of Board							
Total Marks Obtained / Ou	t of						
Division / Grade							
Particulars of MDCAT						e.	
MDCAT Seat No.		Test Centre		Sco	ore	Year of Passing	
Danish	41	J		-14-			
Particulars of Applica	ition to A	dmitting	g Unive	sity	D-4(A	11 41 1	1110
Date of Online Application					Date of Ap	plication by	Hard Copy
Date of Submission	-,	Signati	ure of Fat	ner / Guardia	in –	Signatur	e of Applicant
NOTE: RESPONSIBILIT	Y OF ANY DI	SCREPANO	CY IN DATA	WILL LAY ON	THE SHOULD	ERS OF THE	E APPLICANT.

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		THE DD/BANKE	Dated			
			Branch/City			
Name of the bank						
	PARTICULAR	RS OF FATHER	/ GUARDIAN			
Name:	ame: Occupation:					
Section 1	Department:					
Phone No.:	hone No.: Cell No.:					
	CONT	ACT IN EMERG	SENCY			
Name of Person:						
Relationship:	Phone N	lo: (Home)	Mobile No:			
Address:						
Attach the following	g attested p	hotostat copi	ies of documents			
01. SSC / O level / Matric	Marks Certificate	e and Pacca Certif	ificate.			
02. HSC / A level or equiv	alent Marks Cert	tificate.				
03. MDCAT Marks Certific	cate of year 2023	3				
04. Proof of application to	admitting univer	rsity (Photo copy)				
05. Domicile of the Candi	date.					
06. PRC Form C of the C	andidate.					
07. Domicile of Father.						
08. CNIC / B Form of Can	ndidate.					
09. CNIC of Father.						
10. Hafiz-e-Quran Certific	cate (if applicable	e)				
11. Father's death certific	cate (if applicable	e)				
12. DD / Banker's Cheque	e of prescribed fe	ee in the name of [Director PAQJIMS, Gambat.			
13. 2 Passport size photo	graphs. (Original	1)				
Signature of Father / Mother /	Guardian					
oignature of Father / Wother /	Signature of Applica	ant				

Website: 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:

<u>Directorate of Admissions</u>

<u>Gambat Medical College @ Pir Abdul Qadir Shah Jeelani</u>

Institiute of Medical Sciences, Gambat

Fill all boxes with your present address	Fill all boxes with your present address
Name:	Name:
Father Name:	Father Name:
Present Address:	Present Address:
Father Name:	Father Name:
Present Address:	Present Address:
Mob No:	Mob No:
Fill all boxes with your present address Name:	Fill all boxes with your present address
	Name:
Present Address:	Present Address:
Mob No:	Mob No:

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