



Mohi-ud-Din Islamic Medical College
Sector D-4, Mirpur (AJ&K)
Application Form (MBBS)
Session 2017-22

Name of Applicant: _____

Date of Birth: _____ Age: _____ Marital Status _____

Father's Name: _____

Father's Profession: _____

Designation: _____

Office/Business Address: _____

Phone Office: _____ Fax: _____ Mobile: _____

Present Mailing Address of Parents: _____

Phone Res: _____ Fax: _____ Mobile: _____

Permanent Address: _____

Nationality of Candidate: _____ NIC/Form B #: _____

Passport # (Foreign /Expatriate Students): _____

Name of Guardian (If other than father): _____

Occupation of Guardian: _____ Phone#: _____ Fax# _____

Email: _____

Attach recent
passport size
photo

Educational Qualification

Please attach photocopies of the supporting documents

| Degree/Certificate/ Diploma | Institution attended | Board/university | Grade/ marks | Year Passed |
|--------------------------------|-------------------------|------------------|-----------------|----------------|
| | | | | |
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Option for Seat

➤ Open merit

➤ Expat – Pakistani Oversees/Foreign Student

Co- Curricular Activities

Hostel

I wish to reside in the College Hostel Yes () No ()

Undertaking

I solemnly declare that the information provided in the application form and documents attached with application form are correct and no information asked has been concealed. The provision of incorrect information/document will disqualify me for admission or continuation of my studies at Mohi-ud-Din Islamic Medical College.

Candidate Name _____ Signature _____

Father's Name: _____ Signature _____

Date: _____

Requirements

Please attach attested copies of the following documents:

- 1 -Matriculation Certificate
- 2 -F. Sc. (Physics, Chemistry, Biology) [Minimum of 60% marks] (For foreign, dual nationality holders or overseas Pakistani candidates: Chemistry, Biology and either Physics or Mathematics with 60% in aggregate certified by IBCC is compulsory with SAT II 550 score or MCAT with minimum aggregate of 24)
- 3 – Domicile Certificate
- 4 – CNIC
- 5 - Photograph (8) passport size
- 6- Copy of mark sheet of entry test (Provincial/Govt)
- 7 - Application & Processing Fee of Rs. 6,000 in the shape of Demand Draft in the name of Mohi-Ud-Din Islamic University, Nerian Sharif.

Mailing Address

Registrar,
Mohi-ud-Din Islamic University,
Plot # 2 – A, Near PSO Petrol Pump,
I-9 Markaz, Islamabad,
PAKISTAN.
Ph #: +92-51-4859658-9,
Fax #: +92-51-4859657

Principal,
Mohi-Ud-Din Islamic Medical College,
Industrial Area, Mirpur,
AJ&K.

Ph #: +92-5827-468159
Fax #: +92-5827-468777