

Government Medical & Dental Institutions of the AJ&K



Admission Form

For Admission to First Year MBBS/BDS Programme

Session 2021-22



PART 1 SELECTED CATEGORIES

District Quota / Open Merit ✓

Doctor's Children ✓

BDS ✓

PART 2 PERSONAL INFORMATION

1. Hafiz-e-Quran : Yes No

2. Name of Applicant

3. Father/ Guardian's Name

4. Mother Name

5. Gender

6. Nationality

7. Date of Birth

8. District

9. Area

10. CNIC / Smart Card / NICOP /POC:

11. Mailing Address (Res):

12. Tel (Landline):

13. Cell:

14. E-Mail:

Part 3 Qualifications

Exam Passed	Science Subjects	Institute	Board	Year Passing	Obtained Marks	Total Marks

Part 4 Admission Test

Chemistry	Biology	Physics	Test Date

Part 5 Admission Test

I _____ S/D/O _____ solemnly affirm that the information contained in this Admission Form, and the documents attached with this form, are complete and accurate.

I understand that if any information in this application, or in the documents and the certificates that are attached with this application, is not complete or accurate, I shall not be considered for admission, and if somehow admitted University shall cancel my admission as per provision prospectus.

I have gone through the rules and regulations contained in the prospectus, and I undertake to abide by all conditions.

I agree that submission of this Application Form does not confer any right on me in respect of selection for admission, which shall only be granted on merit.

Name of Applicant

Preferences

1. AJK Medical College Muzaffarabad