



Jinnah Medical College

Warsak Road Peshawar

Affiliated with
Khyber Medical University

Attach
Photograph
(1" x 1")

REGISTRATION FORM FOR ADMISSION INTO 1ST YEAR M.B.B.S SESSION 2011 -2012

Write the Type of Admission applied in order of Priority (1, 2, 3 into the appropriate box)

Open

Overseas

Foreign

PERSONAL DATA

Name of Applicant				
Father's Name				
Father's Occupation				
C.N.I.C. No				
Date of Birth				
Qualifications	Marks	%	Institute	Year of Passing / Improvement
1. Matric				
2. F.Sc				
*Entry Test (ETEA) (Where Applicable)	Roll No		Marks	Year
Domicile	Province		District	
Permanent Address				
Postal Address				
Contact details: E-mail etc	Tel No:		Mob No:	

Name of close relative Studied or Studying in this College if any: _____

* Please do not leave any column blank.

Signature of applicant: _____

Date: _____

For enquires please Contact: Mr. Sajjad Ahmad +92 (091) 5602473, 0300-5257559

(For office use only)

Received Rs.2000/- (Rupees Two Thousand only) vide receipt

No: _____ dated: _____ Student Reg No: _____

Office Superintendent

Sec. Admission Committee

Please attach: 4, 1"x1" Photographs.
Matric DMC / Certificate
F.Sc DMC