KHAIRPUR MEDICAL COLLEGE

KHAIRPUR MIR'S

(Recognized with Pakistan Medical & Dental Council Islamabad)

APPLICATION FORM

Paste Recent Passport Size Photograph here

ADMISSION INTO 1ST YEAR MBBS - ACADEMIC SESSION 2026-27
UNDER SELF- FINANCE / COLLEGE EDUCATION ASSISTANCE PROGRAME (CEAP)
From candidates of 10 districts of Sindh as under:
Dadu, Naushahro Feroze, Larkana, Shikarpur, Kamber Shahdad Kot, Jacobabad, Kashmore, Khairpur Mir's, Sukkur and Ghotki.

DOMICILE (District):			**Final Merit No.**		
Name:			**CNIC No.**		
Father's Name			**CNIC No.**		
Caste:			**Date of Birth:**		
Email ID:					
Candidate WhatsApp No:			**Father's WhatsApp No:**		
Postal Address:					
DD/PAY ORDER NO:		**BANK:**		**DATE:**	
MDCAT Year & SEAT No:			**MDCAT Score:**		
Matric/O Level Marks			**Inter/A Level Marks**		
AGGREGATE SCORE (Matric 10% + Inter 40% + MDCAT 50%):					

IMPORTANT INSTRUCTIONS

- **Only candidates who submit this application form will be eligible for admission under Self-Finance (CEAP) against the tagged districts of Khairpur Medical College (KMC), Khairpur.**
- The following documents must be submitted:
- Attested copies of all required documents as specified in the checklist provided with the application form.
- A photocopy of **Pay Order/Demand Draft** amounting to **Rs. 100,000/-(Rupees One Hundred Thousand only)** in favour of **Principal Khairpur Medical College, Khairpur Mir's,** as an initial CEAP payment (The remaining CEAP amount shall be charged after confirmation of admission).
- The duly completed application form, photocopy of the Pay order/Demand Draft and all other required documents must be sent through courier to the following address:
  THE PRINCIPAL, KHAIRPUR MEDICAL COLLEGE, KHAIRPUR MIR'S.
- **Original DD/Pay Order must be submitted at the time of admission.**
- Any candidate who encashes or withdraws the Pay Order/Demand Draft before the issuance of admission offer shall be **disqualified** and **removed** from the CEAP/Self-Finance **merit list.**

DECLARATION

I hereby solemnly affirm that all information provided above is true and correct to the best of my knowledge.

Date of Submission: ……. **SIGNATURE OF CANDIDATE**

CHECK LIST FOR MBBS SELF-FINANCE (CEAP) PROGRAM SESSION 2026-27

S. No	Particulars	Check box (√)
1.	**A photocopy of Pay Order/Demand Draft amounting to Rs. 100,000/-(Rupees One Hundred Thousand only) in favour of Principal Khairpur Medical College, Khairpur Mir's**	
2.	**Photocopy of MDCAT 2026/2025/2024 Admit Card.**	
3.	**Photocopy of MDCAT 2026/2025/2024 Result Card conducted by IBA-Sukkur**	
4.	**Filled application form.**	
5.	**Copy of Matriculation Pacca Certificate (SSC) or equivalent examination certified by IBCC.**	
6.	**Copy of Matric marks certificate / equivalent examination Transcript certificate, certified by IBCC.**	
7.	**Copy of HSSC Pre-Medical Certificate (Provisional) or equivalent examination certified by IBCC.**	
8.	**Copy of HSSC Pre-Medical marks certificate / equivalent examination Transcript certificate, certified by IBCC.**	
9.	**Copy of candidate's permanent residence certificate (PRC-Form "C").**	
10.	**Copy of candidate's Domicile.**	
11.	**Copy of father's permanent residence certificate.**	
12.	**Copy of Domicile Certificate of father.**	
13.	**In case of father not alive, copy of Death certificate of father from NADRA and copy of PRC and domicile of mother.**	
14.	**In case of divorce, copy of divorce certificate along with copy of PRC and domicile of mother.**	
15.	**Copy of National identity card or "B" form (if candidate is below age of 18 years).**	
16.	**Copy of CNIC of Father**	
17.	**Three Passport size photographs of candidate with his /her name duly written on the back side of these photographs.**	

Note: One set of documents duly filed & attested by grade-17 or above officer shall be submitted with application form.