



KHAIRPUR MEDICAL COLLEGE



KHAIRPUR MIR'S

(Recognized with Pakistan Medical & Dental Council Islamabad)

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APPLICATION FOR ADMISSION IN MBBS UNDER SELF-FINANCE/COLLEGE EDUCATION ASSISTANCE PROGRAMME FOR ACADEMIC SESSION 2023-24

from candidates of 10 districts of Sindh as under:
Dadu, Naushahro Feroze, Larkana, Shikarpur, Kamber Shahdad Kot, Jacobabad, Kashmore Kandhkot, Khairpur Mir's, Sukkur and Ghotki.

PARTICULARS OF CANDIDATE				DOMICILE:	
Name:		CNIC:			
Father's Name		CNIC:			
Caste:		Date of Birth:			
Email ID:		Contact No:			
Whatsapp No:		Emergency Contact No:			
Postal Address:					
DD/Pay order of Rs. 607,845/- Rupees Six Lacs Seven Thousand Eight hundred forty five only in the name of PRINCIPAL, KHAIRPUR MEDICAL COLLEGE KHAIRPUR MIR'S					
DD/PAY ORDER NO:		BANK:		DATE:	
MDCAT SEAT No:		Score:		Matric/O Level:	
AGGREGATE SCORE (Matric 10%, Inter 40% MDCAT SCORE 50%):		Inter/A Level:			
IMPORTANT:					
<ul style="list-style-type: none">Candidates who have filled this proforma will only be eligible for admission in Khairpur Medical College Khairpur on Self-Finance (CEAP) of tagged districts of college.Candidates should fill online proforma available on website www.khprkmc.edu.pk and submit duly filled proforma (hard copy) along with attested photocopy of pay order / Demand draft Rs. 607,845/ in name of Principal Khairpur Medical College Khairpur Mir's.Submit attested copies of required documents 01) Printed copy of MDCAT result Score (2) CNIC/B-form (3) Matric pass/pakka & Marks certificate (4) Intermediate pass/provisional & mark certificate (05) Candidate PRC & Domicile (06) Father PRC & Domicile (In case of father not alive, copy of Death certificate of father from NADRA and copy of domicile of Mother) (06) 02 recent Photographs along with duly filled proforma through courier at Principal, Khairpur Medical College Khairpur Mir's.At the time of admission candidate have to produce original DD/pay order number as mentioned above.Any candidate who encashed/withdrew DD/pay order at any stage before offer of admission shall not be considered for admission and his/her name shall be removed from the merit list of CEAP/Self-finance category.					

I do hereby solemnly affirm and declare that all information and particulars furnished here by me are true and correct to the best of my knowledge

Date of Submission:

SIGNATURE OF CANDIDATE

THUMB IMPRESSION OF CANDIDATE