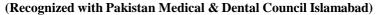


KHAIRPUR MEDICAL COLLEGE

KHAIRPUR MIR'S





Paste Recent Passport Size Photograph here

Name:

Father's Name

PARTICULARS OF CANDIDATE

SIGNATURE OF CANDIDATE

APPLICATION FOR ADMISSION IN MBBS UNDER SELF-FINANCE/COLLEGE EDUCATION ASSISTANCE PROGRAME 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.

CNIC:

CNIC:

DOMICILE:

THUMB IMPRESSION OF CANDIDATE

Caste:			Date of Birth:			
Email ID:			Contact No:			
Whatsapp No:			Emergency Contact No:			
Postal Address:		·				
DD/Pay order of Rs. 60 the name of PRI			en Thousand Eight DICAL COLLEGE			
DD/PAY ORDER NO:		BANK:		DATE:		
MDCAT SEAT No: AGGREGATE SCOR	Score: E (Matric 10%, 1		Tatric/O Level: MDCAT SCORE		r/ALevel:	
IMPORTANT:						
 Candidates who have f Khairpur on Self-Finan 				n in Khair	our Medical College	
 Candidates should fill filled proforma (hard c name of Principal Khai 	opy) along with at	tested photo	ocopy of pay order /			
 Submit attested copies (3) Matric pass/pakka Candidate PRC & Dor certificate of father from duly filled proforma the 	& Marks certifica nicile (06) Father m NADRA and cop	ate (4) Inter PRC & Dor y of domicil	mediate pass/provis nicile (In case of fat e of Mother) (06) 02 re	ional & m her not al ecent Phot	ark certificate (05) ive, copy of Death ographs along with	
• At the time of admission candidate have to produce original DD/pay order number as mentioned above.						
 Any candidate who end considered for admiss category. 						
I do hereby solemnly true and correct to the Date of Submission:	he best of my know		ormation and particul	lars furnisl	ned here by me are	