NATIONAL UNIVERSITY OF MEDICAL SCIENCES
ADMISSION FORM
First Year MBBS/BDS Program for Army Medical College
Session 2016-17

READ THIS FIRST
1. Fill all fields in capital letters in Blue Ink only. Tick (✓) the relevant boxes.
2. Cutting/erasing is not allowed. Forms with cutting/erasing are liable to be rejected.
3. Do not use abbreviations.

Part 1 - Category of Seats
1. Category of seats (Tick ✓ the relevant box)
   a. Local seats
   b. Foreign Seats
2. Preference of Program (Write your priority i.e. 1, 2 in the relevant box)
   a. MBBS
   b. BDS

Part 2 - Personal Information
1. Name of the Applicant
2. Applicant’s Passport/NICOP (for Foreign National)/CNIC or Form ‘B’ No (for Overseas/National)
3. Father’s Name
4. Father’s Passport/NICOP (for Foreign Nationals/Overseas Pakistani)
5. Mother’s Name
6. Mother’s Passport/NICOP (for Foreign Nationals/Overseas Pakistani)
7. Gender
   M   F
8. Nationality
9. Date of Birth: DD/MM/YYYY
10. District of Domicile (National/ Overseas Pakistanis)
11. Mailing Address
12. Tel (Landline)
13. Cell
14. E-mail

Office use only
Paste Recent Color Photograph (3.5cm wide & 4.5 cm high) with sky blue background, attested on the front.
### Part 3 - Qualifications

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Science Subjects</th>
<th>Institution Attended</th>
<th>Board/University</th>
<th>Year of Passing</th>
<th>Marks Obtained (Equivalence)</th>
<th>Total Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC/10th Grade or Equivalent / O-Level</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HSSC/12th Grade or Equivalent / A-Level</td>
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</tr>
</tbody>
</table>

### Part 4 - Admission Test- Fill whichever applicable

**(A) NUMS Entry Test**

<table>
<thead>
<tr>
<th>Entry Test</th>
<th>Roll Number</th>
<th>City from where Appeared</th>
<th>Marks Obtained/180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Test 7th August</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry Test 18th September</td>
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</tr>
</tbody>
</table>

**(B) SAT II / MCAT ® conducted by AAMC**

<table>
<thead>
<tr>
<th>SAT II (Subject) Scores</th>
<th>Test Date(s)</th>
<th>Username &amp; Password</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry: ___________ /800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology E/M: ___________ /800</td>
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<td></td>
</tr>
<tr>
<td>Physics/Maths(I/II): ___________ /800</td>
<td></td>
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</tr>
<tr>
<td>Total: _______________/2400</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MCAT ® Scores</th>
<th>Test Date</th>
<th>Username &amp; Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Part 5 - Documents to be attached.

1. Four recent Photographs (3.5cm wide & 4.5 cm high) with light blue background, Paste one on admission form attested on the front and attach three attested on the back
2. Photocopy of CNIC/Form ‘B’. (Applicant and Father)
3. Passport copy, applicant (for Foreign Nationals/Overseas Pakistani)
4. Photocopy of Father’s Passport and Mother’s Passport / NICOP (for Foreign Nationals/Overseas Pakistani)
5. Photocopy of SSC/10th Grade/O-Level Certificate (and equivalence in case of foreign qualification from IBCC, Pakistan)
6. Photocopy of HSSC/12th Grade/A-Level Certificate (and equivalence in case of foreign qualification from IBCC, Pakistan)
7. Photocopy of SAT-II MCAT Test Result Card.
8. Photocopy of Domicile certificate.(for National and Overseas)
9. Original Medical Fitness Certificate (for adequate mental and physical health). Specimen is attached

Part 6 - Solemn Affirmation by the Applicant

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 certificates that are attached with this application, is not complete or accurate. I shall not be considered for admission, and if somehow admitted, the Admission Board shall cancel my admission, and I shall be expelled from the institution, and all fees and other dues paid by me to the institution up to that time shall be forfeited, and I shall be liable to any further departmental or legal action that the NUMS authorities may deem fit to take.

I shall abide by the rules/regulation of NUMS.

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

_________________________ __________________________
Name of Applicant Signatures of Applicant

Date: _______________
Part 7 - Declaration of the Father/Mother

I, _________________________________________________________________________________
Father/Mother of Mr. /Ms. ____________________________________________________________
an applicant for admission to National University of Medical sciences, fully understand that if any
of the statements made in the above application is found to be wrong in any way my son/daughter
would be liable to be refused admission to the institution even otherwise eligible and if admitted
would be liable to expulsion from the institution at any time during the course of his/her studies
and in such a case, all fees and other dues paid by him/her up to the time of expulsion shall be
forfeited and that my son/daughter would be liable to any further departmental or legal action
which NUMS authorities may deem fit to take.
I, also undertake to fulfill any other requirement in the shape of bond/affidavit required of me by
the NUMS/institution.

____________________  ______________________________
Name of Father / Mother                          Signatures of Father / Mother

Father/Mother Passport/NICOP No/CNIC: __________________________________________________

For office use only
Received the Admission Form of Mr. /Ms. ________________________________ on this
day of _____________________, 2016 at ____________ am/pm

________________________________
Name & Signatures of the Dealing Officer

Send Application Forms to:

National University of Medical Sciences,
c/o MH, The Mall Rawalpindi, 46000, Pakistan
Phone: +92-51 9270677, 9270686
admission@numspak.edu.pk
MEDICAL FITNESS CERTIFICATE

Roll No/Registration No: _______________________

Name: __________________________________________________________________________

Father’s Name: __________________________________________________________________

Gender: ____________________________

Age: ______________________

Mark of Identification: ____________________________

I certify that I have examined Mr/Ms__________________________ Son/Daughter of ____________________________ who is an applicant for admission to Undergraduate/Postgraduate Program at NUMS and found him / her, physically and mentally FIT for undertaking medical studies.

______________________________
Signature of Doctor with Legible Seal
Name : ________________________
PM & DC No: ________________________
Dated: ________________________

______________________________
Signature of Candidate (in Presence of Doctor)
Dated: ________________________