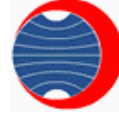




Shifa Tameer-e-Millat University

شفا تعمیرِ ملت یونیورسٹی



Shifa College of Medicine

Application Form- Special Category Foreign Seats

MBBS SESSION 2024-25

Please fill in the form in capital letters. All Personal Information is mandatory to fill.

Application on the basis of (Please Tick One)

1. Foreign Nationality
2. Iqama Holder

Please paste one
passport size
photograph here

PERSONAL INFORMATION

Name of Applicant: _____

Date of Birth: _____ Age: _____ Gender: _____

Marital Status: _____ Religion: _____ Blood Group: _____

CNIC No: _____ Passport No. _____

Validity of Passport / Iqama: From _____ To _____

Nationality: _____ Email: _____ Mobile No: _____

WhatsApp No (if different): _____ Email: _____

In case already applied for MBBS at SCM: Application No. _____

FATHER PERSONAL INFORMATION

Father Name: _____ Alive Deceased

Father Email ID : _____ Father CNIC No: _____

Father Contact Number: _____ WhatsApp No: _____

Father Occupation: _____ Designation: _____

DETAIL OF HOME ADDRESS (For Correspondence)

Current Address:

Permanent Address:

ACADEMIC DETAILS

Name of Examination	Board / University/ Testing Authority	Year	Marks obtained / Max. marks
Matric or equivalent			
F.Sc or equivalent			

Documents (to be attached):

S.#	DETAILS	YES / NO
1	Passport Size Photograph	
2	Copy of Passport / Valid Iqama	
3	Copy of SSC Certificate / Equivalence Certificate	
4	Copy of HSSC Certificate / Equivalence Certificate	
5	Proof of application charges	

Declaration: All information given above is correct to the best of my knowledge.

Signature of Applicant

Signature of Father/Guardian

Date: _____