BAQAI MEDICAL UNIVERSITY

APPLICATION FOR FOUNDATION YEAR, M.B.B.S.

NAME _____

FATHER'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

_____

TEL: _____

N.I.C. # _____

YEAR OF GRADUATION _____

MEDICAL COLLEGE _____

NO. OF ATTEMPTS _____

DISTINCTIONS & AWARDS : _____

Signature of Applicant
Date _____

Documents Required:
1. PMDC Registration Certificate.
2. All Marks Sheets.
3. Recommendation Letters (if any)
4. Copy of NIC Card

For Office Use:
i) Overall rating _____
ii) Placement Details :
1st. Half _____
_____
_____
2nd half _____
_____
_____

Signature:

Principal:

_____

Medical Superintendent:

_____

51, Deh Tor, Gadap Road, Near Toll Plaza, Super Highway, P.O. Box 2407, Karachi-74600, Pakistan
Tel: 021-34410421, 34410293-298 Fax: 92-21-34410439, 34410317