Serial No: _____

Photograph affix here Passport Size

FAZAIA MEDICAL COLLEGE
AIR UNIVERSITY, ISLAMABAD
STUDENT INFORMATION FORM

Session _____

(Please write in Block Letters)

Student's Name: _____

(As per SSC or equivalent certificate)

Student's C.N.I.C No: | | | | | | – | | | | | | | | – | |

Passport No:
(For Foreign students) | | | | | | | | | | | | | | | | |

Father's Name: _____

(As per SSC or equivalent certificate)

Father's C.N.I.C No: | | | | | | – | | | | | | | | – | |

Student's Cell No: _____ Student's WhatsApp No: _____

Email Address: _____ Date of Birth: DD/MM/YYYY Gender: M ☐ F ☐

Religion: _____ Nationality: _____ Domicile: _____

Current Postal Address: _____

City: _____ Residence Tel No: _____

Permanent Address: _____

Hostel Accommodation: Required ☐ Not Required ☐

Information About Parents

Parents/Guardian's Name: _____ Relation with Guardian: _____

Occupation/Profession: _____ Rank/Designation: _____

Company: _____

Office Address: _____

Email Address: _____

Telephone No. (Office): _____ Parents/Guardian Cell No._____

Account Number with IBAN: | | | | | | | | | | | | | | | | | | | | | | | | | |
(Parents/Guardian's): (CNIC copy to beattached)

Please Tick The Appropriate Box

*Seat admitted against: - ☐ Open Merit ☐ Overseas/Foreign National

☐ PAF Open Merit ☐ PAF Reserved ☐ PAF Shuhada

Student's Academic Record

Education	Year of Passing	Annual/ Supply	Roll No.	Total Marks	Marks Obtained	Percentage	Board/ University
HSSC / F.Sc (Pre-Medical) /Equivalent							
SSC / Matric /Equivalent							
MDCAT NUMS /Valid MCAT (USA) / Valid UCAT (UK)		---------					

Weightage Formula For Merit Determination

SSC / Matric/ Equivalent: (Obtained/Total Marks)	SSC 10% Weightage of Total Marks	HSSC / F.Sc (Pre-Medical)/ Equivalent: (Obtained/Total Marks)	F.Sc 40% Weightage of Total Marks	MDCAT Percentage	MDCAT NUMS / Valid MCAT (USA) / Valid UCAT (UK) 50% Weightage	Overall Score

Brother (s) & Sister (s) studying at Fazaia Medical College

Name	Campus/College	Registration No	Enrollment No	Semester / Year

Documents to be enclosed:-

1.	SSC/O Laval/Equivalent certificate from IBCC along with DMC/Transcript (Original)	
2.	HSSC/A Laval/Equivalent certificate from IBCC along with DMC/Transcript (Original)	
3.	Copy of Domicile Certificate	
4.	CNIC / Form-B of the student	
5.	CNIC of father/guardian	
6.	Passport size photographs (4) only one photo attested on back side	
7.	NUMS/MDCAT marks certificate/result card.	
8.	Photocopies of the foreign passport & residency of the student/parent (Foreign Nationals only).	
9.	Copy of Service/charge sheet (PAF Ward only)	

Declaration By The Applicant and Parent/Guardian

I have read the application form of Fazaia Medical College and I am fully aware of the details of the teaching program. If granted admission, I undertake to pay the fees and all other dues to FMC regularly and without delay. I also undertake to abide by the rules and regulations of FMC& PM&DC. I further certify that the information provided in the application form are true to the best of my knowledge and behalf. I fully understand that no partial or total refund is allowed at all after the deposit of the college fee except as permitted by PM&DC.

_____ _____

Signature of the Father/Gurdian. Signature of the Student

Date: _____

For Office Use Only

Remarks, if any, of Institutional Admission Committee

_____

_____

Merit No: _____

_____ _____

Assistant Director,
Admission & Student Affairs

Vice Principal,
Fazaia Medical College,
Air University, Islamabad.