



CENTRAL PARK MEDICAL COLLEGE

21 km from Kalma Chowk, Ferozepur Road, Lahore, Ph: 042-36135989

APPLICATION FORM

MBBS 2011-16

Attach 4 passport size photographs

Status of Applicant

(Please Tick one Box)

If any one qualifies and wants to apply in other category then please indicate your priority. 1, 2

Pakistani

Foreign

1. Name: _____

2. Gender

Male

Female

3. Date of Birth: _____ / _____ / _____
dd mm yyyy

4. Place of Birth: _____

5. Nationality: _____

6. CNIC No :

7. Email Address: _____

8. Passport No :

9. Phone Office: _____

Res:

Mobile:

10. Current Residential Address: _____

11. Permanent Address (if different from above): _____

12. Father's / Guardian's Name: _____

13. Father's / Guardian's Occupation: _____ Email: _____

14. Mother's Name: _____ Occupation: _____

15. Siblings:

Name	Age	Qualification	Occupation
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			

16. Hostel accommodation

(Subject to availability. Priority is given to candidates from outside Lahore)

Required

Not Required

ACADEMIC RECORDS

(Candidates who hold qualifications other than F. Sc. And Matriculation will be required to provide Equivalence Certificates from the Inter-Board Committee of Chairmen)

EXAM	Year	Institution	Marks / Grade	Weightage Score (To be calculated by office)
<input type="checkbox"/> Matriculation				A
<input type="checkbox"/> O - Levels				
<input type="checkbox"/> F. Sc.				B
<input type="checkbox"/> A - Levels				
<input type="checkbox"/> International Baccalaureate				
<input type="checkbox"/> American High School Diploma				
<input type="checkbox"/> MCAT				C
<input type="checkbox"/> Provincial Entry Test				
<input type="checkbox"/> SAT - II				

(To be calculated by office)

AGGREGATE SCORE (A+B+C)

INTERVIEW SCORE

TOTAL SCORE

DECLARATION

I Mr. / Ms. _____ Son / Daughter of _____

an applicant for admission to the Central Park Medical College, solemnly affirm and declare that the above information supplied by me is correct. I have read and understood the College Prospectus and the Fee Structure / Fee Policy of CPMC. I agree to abide by the rules and regulations of the Central Park Medical College for the entire duration of course of study and University of Health Sciences and Pakistan Medical & Dental Council regarding conduct examination.. I will not object to any additional charges levied by the government, university or college during the course of my studies.

Applicant's Signature

Parent's / Guardian's Signature

Date

CHECK LIST

ATTESTED COPIES OF DOCUMENTS TO BE ATTACHED WITH APPLICATION

- | | |
|--|---|
| 1. Matric / O - Level Certificate <input type="checkbox"/> | 5. Passport Size 4-Photographs <input type="checkbox"/> |
| 2. F. Sc. / A - Level Certificate <input type="checkbox"/> | 6. Cash / Original Demand Draft of Rs. 3,500/- <input type="checkbox"/> |
| 3. MCAT / Provincial Entry Test Result / SAT - II <input type="checkbox"/> | 7. Student's CNIC <input type="checkbox"/> |
| 4. Equivalence Certificate <input type="checkbox"/> | 8. Father / Mother / Guardian CNIC <input type="checkbox"/> |

For Office Use Only

Member Admission Committee	Comments	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Dean:		_____
_____		_____
_____		Stamp & Signature