SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL & DENTAL COLLEGE LAHORE

Shaikh Zayed Postgraduate Medical Institute,
University Avenue, New Muslim Town, Lahore.

APPLICATION FORM

MBBS Session: 2026-27	
Category of Seat: Punjab ☐ Sindh (R) ☐ Sindh (U) ☐ KPK ☐ GB ☐ Baluchistan ☐ FATA ☐ AJK ☐ Federal Govt. Employees ☐ Disabled ☐ ICT ☐ Merit ☐	

USE CAPITAL LETTERS

Candidate's Name:		
Father's Name:		Father's/ Guardian's Occupation:
Guardian's Name (If sponsor is other than parents):		Father's CNIC No.
National ID Card No.	Domicile District & Province	Nationality
Gender: ☐ Male ☐ Female	Email Address:	Date of Birth (DD/MM/YYYY)

Academic Background

Certificate	Subjects	Year of Completion	Marks/Grade/CGPA Score	Board, University/Institution
☐ Matric ☐ O Level ☐ Equivalent				
☐ F. Sc ☐ A Level ☐ Equivalent				

Present Mailing Address		
Street Address	City/Province/Country	Contact No.
Permanent Address		
Street Address	City/Province/Country	Contact No.

Person to notify in case of emergency		
Name	Occupation	Relationship
Street Address	City/Country	Contact No.

Hostel Accommodation: Would you need the hostel accommodation: ☐ **Yes** ☐ **No**
(Will be subject to availability as only limited seats are available)

REFERENCE (Any) (1)

NAME: _____

ADDRESS: - _____

OCCUPATION: _____

RELATION WITH STUDENT: _____

PHONE OFFICE: _____

PHONE (RES): _____

N.I.C. NO. _____

REFERENCE (2)

NAME: _____

ADDRESS: - _____

OCCUPATION: _____

RELATION WITH STUDENT: _____

PHONE OFFICE: _____

PHONE (RES): _____

N.I.C. NO. _____

CHECK LIST OF DOCUMENTS

- ☐ Application From duly filled by the candidate.
- ☐ i) 06 latest passport size photographs (sky blue background) duly attested by Govt. Officer Grade-17 or above (one on front and rest on back).
- ☐ Undertaking agreement by the student or worth Rs. 100/- duly attested by Notary Public and the Civil Judge.
- ☐ Photocopy of Bank challan of deposited college fee.
- ☐ Original & 3 Photocopies of Secondary School Certificate (Matric Certificate) / O-Level alongwith Equivalence Certificate.
- ☐ Original & 3 Photocopies of Certificate/ detailed marks of F. Sc (Pre Medical) / A-Level, along with Equivalence Certificate.
- ☐ Original & 3 Photocopies of Provisional and Character certificate of college last attended.
- ☐ Original & 3 Photocopies of Domicile Certificate.
- ☐ 3 Photocopies of Result card of entry test (MDCAT).
- ☐ Proof of residence/property/education or any tangible evidence of stay in region of domicile.
- ☐ Disability certificate issued by specialist working in Govt. Hospital describing the nature of disability (For seats of persons with disabilities only).
- ☐ Employment certificate issued by relevant Federal Government institution (For seats of Federal Govt. Employees only).
- ☐ 3 Photocopies of CNIC or B-Form (the candidate as well as the parent / guardian).
- ☐ Original Board Migration Certificate/NOC in case of F. Sc. from Federal Board or other than Punjab.
- ☐ Certificate that you have been vaccinated against Tetanus, Measles, Mumps & Rubella.

Note: Required photocopies should be on A4 Paper (Double-A) attested by Govt. Officer Grade-17 or above.

Undertaking

I have read the application from and prospectus. I understand and am fully aware of details of the programme. I undertake to pay programme fee and all other dues to the college regularly without delay as per prevailing rules. I further undertake to abide by the rules and regulations of the college and certify that the information provided in this application form is true to the best of my knowledge and belief.

Date	Candidate's Signature	Parent/Guardian's Signature

For Office use only

SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL AND DENTAL COLLEGE, LAHORE.
Shaikh Zayed Medical Complex, University Avenue, New Muslim Town, Lahore. 54600.

Acknowledgement / Receipt

Received the application with thanks from Mr./Miss _____

Father's Name: _____ for admission in MBBS Session 2026-27

Received by:

Name: _____ Signature: _____ Date: _____

SHAIKH KHALIFA BIN ZAYED AL-NAHYAN MEDICAL & DENTAL COLLEGE, LAHORE

FOR OFFICE USE ONLY	
Card No.: _____	Issued On: _____
Valid Up to: _____	

Affix recent photograph with blue background

Size 1.5" X 1.5"

FORM FOR STUDENT IDENTITY CARD

TO BE FILLED IN BLOCK LETTERS

NAME	
FATHER'S NAME	
DATE OF BIRTH	
C.N.I.C NO.	
PROGRAMME	**MBBS**
CLASS / SESSION	**2026-27**
ROLL NO.	
ADDRESS	
PHONE NO.	
BLOOD GROUP	
IN CASE OF EMERGENCY (CONTACT DETAIL) Mr. / Mrs. / Ms. (Mobile No.)	

Date: _____

_____
STUDENT SIGNATURE

REGISTRAR