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

Shaikh Zayed Postgraduate Medical Institute,
University Avenue, New Muslim Town, Lahore.
Tel: +92-42-35912229, 35912306-8, 35865731-5 Ext. 2731, Fax: 35830639

APPLICATION FORM FOR RESERVED SEATS FOR FOREIGN (Overseas Pakistani/ Dual National Expatriates) STUDENT

MBBS Session: 2026-27	Paste Photograph Recent According to NADRA Specification

USE CAPITAL LETTERS

Candidate's Name		
Father's Name		Father's Occupation
Guardian's Name (If sponsor is other than parents)		Guardian's Occupation
Date of Birth (DD/MM/YYYY)	National ID Card No.	Nationality
Gender : ☐ Male ☐ Female	Email Address	Passport No. (Foreign/Overseas Pakistani)

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/Country	Contact No.
Permanent Address		
Street Address	City/Country	Contact No.

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

Sponsor's Information

Who will sponsor (bear) your educational expenses?

☐ Father ☐ Mother ☐ Guardian ☐ Self ☐ Other; Please Specify: _____

Monthly Income of Sponsor (approx) Rs. _____ US$ _____ ☐ Pakistani Source ☐ Foreign Source

Can Sponsor easily meet the educational expenses of whole duration of this programme? ☐ Yes ☐ No

Hostel Accommodation: Would you need the hostel accommodation: ☐ **Yes** ☐ **No**
(Will be subject to availability and on merit)

REFERENCE (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 Form 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.
- ☐ Photocopy of Bank deposited challan of 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.
- ☐ 3 Photocopies of Entry Test.
- ☐ i) 3 Photocopies of Passport ii) Photo Copy of Valid Iqama
- ☐ 3 Photocopies of CNIC / NICOP or B-Form (both the candidate as well as the parent / guardian).
- ☐ Certificate showing that you have been screened for HIV.
- ☐ Certificate that you have been vaccinated against Tetanus, Measles, Mumps & Rubella and you have full course of immunization against Hepatitis "B" Virus.

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 Form No. _____ with thanks from Mr./Miss _____

Father's Name: _____ for admission in MBBS Session 2026-2027

Received by:

Name: _____ Signature: _____ Date: _____

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

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

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