

SERVICES INSTITUTE OF MEDICAL SCIENCES JAIL ROAD LAHORE (STUDENT REGISTRATION FORM MBBS 1ST YEAR SESSION 2021-2022)

All Information written in Block Letters.

Attached here two ID Card size Photograph with sky blue background

Student's Name (Name & Spelling according to Matriculation Certificate / Equivalent) Student CNIC Number Cell Number Email Address	2]
Father's Name (Name & Spelling according to Matriculation Certificate / Equivalent)	3		
Father's CNIC Number	4		
Date of Birth (DD/MM/YYYY)	5		
	Exam 6 Roll No. 7	Matric / Equivalent Matric / Equivalent Entry Test	
Examination Passed Matriculation, Intermediate etc.	Year 8 Registration No. 9 Marks / Total		
	10 Board / University 11		
Name of the last attended Board / University (Original NOC to be attached if migrating from other Board / University)	12		
Category of seats Open Merit, Foreign or any other reserved seat)	13		
Nationality / Domicile District (Nationality in case of foreign student)	14		
Permanent Address	15		
Telephonic Contact	16		
Male / Female	17		
Blood Group	18		
Date of Admission	19		
Union Council No	20		

Student's Signature _____

Date _____

NOTE:

- * The Documents (Photocopies) to be attached in following order.
 - 1) Matric / Equivalent.2) Inter / Equivalent.3) Domicile.4) Entry Test.5) NOC / Migration certificate if applicable.
- * Bring with you two photocopies of this from duly filled on the admission day.