**APPLICATIONFORM**

**For Admission in MBBS Courses**

**Academic Session 2024-25**

**RYK Medical College, Rahim Yar Khan**

**NOTE: Please read the form carefully and fill all the columns In Block Letters with Blue / Black Pen. Online forms are mandatory to be filled at the following URL:**

# www.rykmdc.org

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** |  |
| Name of Applicant: |  |
| Father’s Name: | Surname: |  |
| Date of Birth: Age: | Male  | Female  |
| Nationality: | Religion: |  |
| District of Domicile (Candidate): |  |
| District of Domicile (Father/Mother): |  |
| CNIC or ‘B’ form No: of candidate (if CNIC is not available) |  |
| Date of issuance of CNIC/B-Form: |  |
| Candidate’s Email: Phone No: | Mobile No: |
| **PARTICULARS OF MDCAT** |  |
| **MDCAT Seat No** | **Test Center** | **Year of Passing** | **MDCAT Score** |
|  |  |  |  |
| **Name of Examination** | **Matric Science / O Level as per****IBCC Equivalence** | **Inter Science / A level as per****IBCC Equivalence** |
| Seat No/ Roll No. |  |  |
| Passing Year |  |  |
| Name of Board |  |  |
| Total Marks Obtained / Out of |  |  |
| Division / Grade |  |  |
| % Percentage |  |  |

Date of submission Signature of Candidate Signature of Father/Guardian

|  |  |  |
| --- | --- | --- |
|  | **PARTICULARS OF FATHER /GUARDIAN** |  |
| Name: | Occupation: |  |
| Designation: | Department: |  |
| Office Phone No. | Mobile no.: |  |
| Father / Guardian CNIC No: | Email: |  |
| Present Address: |  |  |
| Permanent Address: |  |  |
|  | **CONTACT IN EMERGENCY** |  |
| Name of Person: |  |  |
| Relationship: | Phone No: (Home) | Mobile No: |
| Address: |  |  |
|  |  |

**Two sets of documents shall be submitted with application form CHECK LIST FOR MBBS PROGRAM SESSION 2022-23**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Particulars** | **Cheek box (√)** |
| **1** | Photocopy of MDCAT 2022 Admit card slip. |  |
| **2** | Photocopy of MDCAT 2022 result. |  |
| **3** | Filled application form. |  |
| **4** | Copy of Matriculation Certificate (SSC) attested by IBCC or O-Level Equivalence. |  |
| **5** | Copy of Matric marks certificate attested by IBCC / O-Level Transcript certificate. |  |
| **6** | Copy of HSC Pre-Medical Certificate (Provisional) or A-Level equivalence.. |  |
| **7** | Copy of HSC Pre –Medical marks certificate / A-Level Transcript certificate. |  |
| **8** | Copy of candidate’s Domicile. |  |
| **9** | In case of father not alive, copy of Death certificate of father from NADRA. |  |
| **10** | Copy of National identity card or “B” form (if candidate is below age of 18 years). |  |
| **11** | Copy of CNIC of Father or Mother. |  |
| **12** | Four Passport size photographs of candidate with his /her name duly written on the back side of these photographs (other than pasted on the application form). |  |