



RYK Medical College

Student Registration Form

Student Profile

+ Upload Your Photo

Personal Information

Your First Name

Your Last Name

Father Name

- select a option -

- select your country -

- select a option -

City

Your Address

Your Phonenumber

CNIC

Field is required!

Your Email Address

Field is required!

Guardian Information

- select a option -

Your Full Name

Occupation

CNIC

Phone/ Mobile

Field is required!

Document Information

+ CNIC or B-Form

Academic Record

Matric

Board Name

Total Marks

Obtained Marks

Percentage

Board of Intermediate

Board Name

Total Marks

Obtained Marks

Percentage

Submit