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(FOR OFFICE USE ONLY)

SIR SYED COLLEGE OF MEDICAL SCIENCES
(FOR GIRLS) KARACHI

APPLICATION FOR ADMISSION

Bachelor of Dental Surgery (BDS)
Session 2023-24

Paste
Photograph
Taken within
Six Week

Candidate Name: _____

Father's Name: _____

Guardian Name: _____

Mother's Name: _____

Date of Birth: _____ Nationality: _____ Age: _____

Place of Birth: (City/ Country): _____ Domicile: _____

Candidate CNIC No. or form "B" Registration No. _____

Father's CNIC No.: _____

Guardian's CNIC: _____

Applicant Passport No. (If applicable): _____

Postal Address: _____

Permanent Address: _____

Father's / Guardian Occupation: _____

Father's / Guardian Monthly Income: _____

Father's/Guardian Tel: _____ Designation: _____

Father's/Guardian Email: _____ Father's/ Guardian Mobile: _____

Father's/ Guardian Office Address: _____

Academic Record:

Qualifications	Board	Name of the Institute	Year From - To	Marks Obtained	% Obtained
Intermediate (HSC) / 'A' Levels					
Matriculation (SSC) / 'O' Levels					

MDCAT Roll/Seat #: _____ MDCAT (Province): _____ MDCAT Score: _____ Out of _____

ST-32, Block-5, Boating Basin, Clifton, Karachi. Phone: (021) 35374095, 35360457 Fax: (021) 35360457

UAN: 111-772-775

CONTACT INFORMATION:

Candidates Address for Correspondence
(Please notify change of address immediately)

Father's/ Guardian's Business Address:

_____.

_____.

Telephone: _____.

Business Telephone: _____.

Applicant Mobile: _____.

Home Telephone: _____.

Email Address: _____.

Father/ Guardian's Mobile: _____.

Parent Email: _____.

Candidate Permanent Address as per CNIC

Father's/ Guardian's Permanent Address as per CNIC

_____.

_____.

Telephone: _____.

Business Telephone: _____.

Applicant Mobile: _____.

Home Telephone: _____.

Email Address: _____.

Father/ Guardian's Mobile: _____.

Parent Email: _____.

Candidates Postal Address
(if different from Correspondence Address)

Father's/ Guardian's Postal Address
(if different from Correspondence Address)

_____.

_____.

Telephone: _____.

Business Telephone: _____.

Applicant Mobile: _____.

Home Telephone: _____.

Email Address: _____.

Father/ Guardian's Mobile: _____.

Parent Email: _____.

EXTRA-CURRICULAR ACTIVITIES AND OTHER EDUCATIONAL ACHIEVEMENTS:

UNDER-TAKING

- I declare that information provided by me is correct. I have read and understood the college Rules and Regulations, Prospectus and Admission Procedure.
- I will be responsible if any of my certificate is found fake or tampered or my marks in HSC comes below the set Criteria PM&DC/HEC/JSMU
- I declare that I have passed intermediate (Pre-Medical)/ O/A Levels or equivalent examination with subjects Biology, Chemistry, Physics and English and I will provide the required certificates. (Math's can be accepted for Physics).
- I agree that I will deposit the fee for 1st year at the time of admission and from 2nd year onwards in January each year. The fee deposited will not be refundable in any case if I fail after availing all the chances as per PM&DC / University rules or I leave the college due to any reason.

Date

Signature of Candidate

Signature of Parent/ Guardian

INSTRUCTION FOR COMPLETION OF THE APPLICATION FORM

1. The Application Form must be filled in by the Applicant in her own handwriting in BLOCK LETTERS
2. Attested photocopies of the following MUST be submitted with the application form
 - Copy of SSC (Metric) / O-Levels/ equivalent Mark Sheet
 - Copy of SSC (Metric) / O-Levels/ equivalent Certificate
 - IBCC Equivalence Certificate for O Levels/Equivalent (*if applicable*)
 - Copy of HSSC (Intermediate) / A Levels/ equivalent Mark Sheet
 - Copy of HSSC (Intermediate) / A Levels/ equivalent Certificate
 - IBCC Equivalence Certificate for A Levels/Equivalent (*if applicable*)
 - College Provisional / Leaving Certificate
 - 06 Passport Size Photograph (must be taken in the last six weeks)
 - Domicile
 - 02 copies of Applicants CNIC or B-Form
 - 02 Copies of Father / Guardian CNIC
 - 02 Copies of NMDCAT Result
3. Original Documents Should not be attached.
4. Incomplete Application form shall not be considered.

APPLICATION PROCESSING FEE (NON – REFUNDABLE): Application processing fee of **Rs. 2000/=** can be submitted via cash in person or by pay order / bank draft from any Bank issued in the name of “**Sir Syed College of Medical Sciences**”. (NTN # 1452198-9). Please send your completed application form together with the supporting documents and the non-refundable application processing fee to the address given below:

Sir Syed College of Medical Sciences (for girls),
St-32, Block 5, Boating Basin, Clifton, Karachi
75600.
Phone #: 021-35374095, 021-35360457