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(FOR OFFICE USE ONLY)

SIR SYED COLLEGE OF MEDICAL SCIENCES
(FOR GIRLS) KARACHI

APPLICATION FOR ADMISSION

Bachelor of Medicine and Bachelor of Surgery (MBBS)
Session 2024-25

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.

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Father's CNIC No.:

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Guardian's CNIC:

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Applicant Passport No. (If applicable): _____

Postal Address: _____

Permanent Address: _____

Father's / Guardian Occupation: _____

Father's 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 _____

CONTACT INFORMATION:

Candidates Address for Correspondence (Please notify change of address immediately)	Father's/ Guardian's Business Address:
<hr/> <hr/> <hr/> <hr/> Telephone: _____ Applicant Mobile: _____ Email Address: _____	<hr/> <hr/> <hr/> <hr/> Business Telephone: _____ Home Telephone: _____ Father/ Guardian's Mobile: _____ Parent Email: _____
Candidate Permanent Address as per CNIC	Father's/ Guardian's Permanent Address as per CNIC
<hr/> <hr/> <hr/> <hr/> Telephone: _____ Applicant Mobile: _____ Email Address: _____	<hr/> <hr/> <hr/> <hr/> Business Telephone: _____ Home Telephone: _____ 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)
<hr/> <hr/> <hr/> <hr/> Telephone: _____ Applicant Mobile: _____ Email Address: _____	<hr/> <hr/> <hr/> <hr/> Business Telephone: _____ Home Telephone: _____ Father/ Guardian's Mobile: _____ Parent Email: _____

PARTICULAR OF SIBLINGS:

Name	Age	Relationship	Qualification	Profession/School/College

EXTRA-CURRICULAR ACTIVITIES AND OTHER EDUCATIONAL ACHIEVEMENTS:

UNDER-TAKING

1. I declare that information provided by me is correct. I have read and understood the college Rules and Regulations and Admission Procedure.
2. I agree, If admitted to Sir Syed College of Medical Sciences, to comply with college regulations.
3. I undertake to abide by the rules & regulations of Sir Syed College of Medical Sciences
4. I certify that the information on this application is true and complete in all respects and that I have not withheld any information and I understand that misrepresentation, falsification of documents, or withholding of requested information are serious offences which can result in denial of admission or removal from institution
5. I agree to conform to the rule of the selection process and to accept the decisions of Sir Syed College of Medical Sciences as final.
6. I am responsible for all of the information provided and the statements I have made above are true.
7. I further undertake to sign and execute any legal documents if required, for the purpose of admission.
8. I understand that admission will only be considered final once all fees have been paid and I have read and understood the Five Year financial commitment and am able to pay the fees till the completion of my MBBS Course.
9. 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

**Full Name &
Signature of Candidate**

**Full Name &
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. Incomplete Application form shall not be considered.
3. Original Documents Should not be Attached
4. 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 (*on A4 size page*)
 - 02 Copies of Father / Guardian CNIC (*on A4 size page*)
 - 02 Copy of NMDCAT Result

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 #: 021-35835891, 021-35360457