(FOR OFFICE USE ONLY)

SIR SYED COLLEGE OF MEDICAL SCIENCES (FOR GIRLS) KARACHI

APPLICATION FOR ADMISSION

Bachelor of Dental Surgery (BDS)
Session 2026-27

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: _____
(As per CNIC)
_____.

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: _____.

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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:**
_____ _____ _____ _____ **Telephone:** _____ **Applicant Mobile:** _____ **Email Address:** _____	_____ _____ _____ _____ **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**
_____ _____ _____ _____ **Telephone:** _____ **Applicant Mobile:** _____ **Email Address:** _____	_____ _____ _____ _____ **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)
_____ _____ _____ _____ **Telephone:** _____ **Applicant Mobile:** _____ **Email Address:** _____	_____ _____ _____ _____ **Business Telephone:** _____ **Home Telephone:** _____ **Father/ Guardian's Mobile:** _____ **Parent Email:** _____

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PARTICULAR OF SIBLINGS:

Name	Age	Relationship	Qualification	Profession/School/College

EXTRA-CURRICULAR ACTIVITIES AND OTHER EDUCATIONAL ACHIEVEMENTS:

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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 all legal documents 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 Four Year financial commitment plan and am able to pay the fees till the completion of my BDS 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. I further agree that the college fee may be subject to late fee surcharge in case the college fee is not deposited in time, the surcharge will be in accordance to college fee rules and regulation.

	Full Name &	**Full Name &**
Date	**Signature of Candidate**	**Signature of Parent/ Guardian**

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INSTRUCTION FOR COMPLETION OF THE APPLICATION FORM

1. The Application Form needs to be downloaded then printed on a A4 white paper and 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 MDCAT 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, 021-35360456, 021-35838682

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