



AJK MEDICAL COLLEGE MUZAFFARABAD

PROFILE FORM

For Office Use		
Fee Challan No./ Date of Fee Submission	Session	Date of Entry to College

Student Name _____

Student CNIC # _____

Student CNIC Issuance Date MM / DD / YEAR

Date of Birth YEAR / MM / DD Blood Group _____

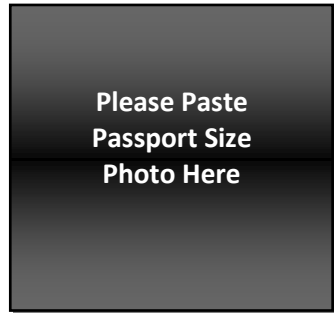
Domicile _____ Nationality (Pakistani/AJK)

Gender _____ Father's Name _____

Father CNIC # _____ Father Occupation _____

Mother's Name # _____

Father Phone _____ Student Phone _____



Academics

SSC/ Matric/ O Levels						
Name of Board	Registration No.	Roll No.	Total Marks	Marks Obtained	Passing Year	Matric 10% <small>As per aggregate Merit</small>

HSSC/FSC/A Levels						
Name of Board	Registration No.	Roll No.	Total Marks	Marks Obtained	Passing Year	FSc 40% <small>As per aggregate Merit</small>

HSSC/FSC/A Levels								
Biology		Physics		Chemistry		Total Marks	Total Obtained	FSc 40% <small>As per aggregate Merit</small>
Total Marks	Obtained Marks	Total Marks	Obtained Marks	Total Marks	Obtained Marks			

Entry Test / Aggregate Details						
Name of Conducting Body	Roll No.	Test Year	Total Marks	Marks Obtained	Admission Total Aggregate	MDCAT 50% <small>As per aggregate Merit</small>

Category of Seat/Quota (Open Merit, District, Disable, Doctor's Children Self-Finance, Overseas, Reserved Category/ Good Will Seats) _____

Permanent Home Address as per CNIC _____

Present Home Address _____

Phone No. Father /Guardian _____ Emergency Contact No _____

Postal Address _____

Phone _____

Student Email: _____ Student Hostel Name _____

Hostel Phone No _____

Dated _____

Signature of Student _____

FOR OFFICIAL USE

I, Mr/Miss _____ S/D of _____

Admitted in MBBS 1st Year of AJK Medical College Muzaffarabad on _____ Bank

Challan No. _____ Dated _____ Boarder / Non Boarder, is

hereby allotted Roll No. _____

Boarder / Non Boarder

Signature _____

Official