



AJK MEDICAL COLLEGE MUZAFFARABAD

PROFILE FORM SESSION 2025-26

Date of Fee Submission	Merit List No	Merit List Student Serial No	Serial Number of Provisional List

Student Name _____

Student CNIC # _____

Student CNIC Issuance Date MM / DD / YEARDate of Birth DD / MM / YEAR Blood Group _____Domicile _____ Nationality (Pakistani/AJK)

Gender _____ Father's Name _____

Father's CNIC # _____ Father's Occupation _____

Mother's Name _____ Mother's Phone# _____

Father's Phone# _____ Student's Phone# _____

Guardian Whatsapp# _____ Student Whatsapp # _____

Present Home Address _____

Student Email Address _____

**Please Paste
Passport Size
Photo Here**

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>

Entry Test / Aggregate Details

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

Category of Seat/Quota (Open Merit, District, Self-Finance,

Overseas, Reserved Category/ Good Will Seat _____

Permanent Home Address as per CNIC _____

Emergency Contact No _____

Postal Address _____

_____ Phone _____

Student Email: _____ Student Hostel Name _____

_____ Hostel Phone No _____

Left Thumb Impression _____

Signature of Student _____

Signature of Gu _____

Dated _____

FOR OFFICIAL USE

I have officially checked and verified the documents of Mr./Miss _____
S/D of _____, who applied for admission to the MBBS 1st Year
session (2025-26) at AJK Medical College Muzaffarabad, along with MCB Bank Challan No.
_____, dated _____. The documents have been reviewed and forwarded
for registration based on the college's capacity. Additionally, the student is hereby allotted Roll
No. _____.

In charge Student Affairs

AJ&K Medical College
Muzaffarabad

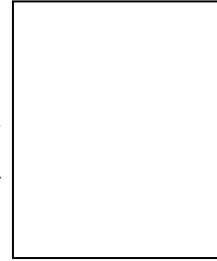
Date: _____

**Following Original Documents for Admission in Azad Jammu & Kashmir Medical
College Muzaffarabad for Session of 2025-2026 are mandatory to be submitted**

at the time of Admission. These documents are compulsory and without them the admission process will not be proceed further.

1. Original Matric Certificate/ DMC / O level Certificate / IBCC Equivalence Certificate.
2. Original **Board Verified** DMC copy of Matric (Mandatory).
3. Original FSc Certificate/ DMC / A level Certificate / IBCC Equivalence Certificate.
4. Original **Board Verified** DMC copy of Fsc (Mandatory).
5. **IBCC Attestation** of both (Matric and Fsc) (Mandatory).
6. MDCAT Result.
7. Original Nomination letter.
8. Original NOC/Migration Certificate from last board (Mandatory).
9. Original Character Certificate issued by the last institution.
10. CNIC/ B.Form copy.
11. Candidates must also submit father and mother 1 each CNIC copies.
12. Original Medical Fitness Certificate signed from Medical Officer (CMH Muzaffarabad or AIMS Muzaffarabad).
13. Original State Subject Certificate (only for Kashmiris).
14. Original Domicile/Refugee Card (1989).
15. Original Permanent Residential Certificate.
16. Passport size (8) and 1x1 (8) Photographs. Recent color photograph with a blue background not older than one month must be provided female candidates may wear a headscarf, but faces must be visible photos must not include caps, hats or sunglasses and no editing is allowed.
17. Passport / Proof of dual Nationality (only for overseas students).
18. Original Disability Certificate issued by the Prescribed Medical Board, (If Applicable).
19. Admission Form (Available on AJKMC Website).
20. One attested and 2 set of unattested photocopies of all above mentioned documents.
21. Affidavit Regarding Accepting College Policy of AJK Medical College Muzaffarabad.
22. Wealth Statement last one year (only for self-finance and overseas students).
23. Original Receipt/ Bank Challan having deposit of college admission Fee.

MEDICAL FITNESS CERTIFICATE



Name: _____

Father's Name: _____

(Photograph)

Gender: _____ Age: _____

Weight: _____ (kg) Height: _____ (cm) BP: _____

Blood Group: _____ 3. Lungs: _____

Heart: _____ 5. Vision Left Eye: _____ Right Eye: _____

Details of Glasses (if worn): _____ 6. Hearing: _____

Any Impediment in Speech: _____

Any Disability: _____

Any Neurological / Psychiatric Disease, (if yes, please give details): _____

Suffering from Hepatitis B or C / HIV (AIDS): _____

Any Significant Disease Diagnosed in the past: _____

Vaccinated (Yes / No / Partially): _____

Taking any medicine on regular basis (if yes, please give details): _____

Allergies if any: _____

Any Communicable / Contagious Disease: _____

Mark of Identification: _____

X Ray chest (to exclude TB) _____

I certify that I have examined Mr. / Miss. _____

S / D / O. _____ who is an applicant for admission to

MBBS Program in AJK Medical College, Muzaffarabad and could not notice that he / she has any physical or mental disease and is FIT for undertaking studies.

Signature of Medical Officer with Legible seal

Signature of Candidate (in presence of Doctor)

Name of Doctor. _____

Hospital Name: _____

PM&DC / PMC No. _____

Dated: _____

Dated: _____