DOCUMENTS REQUIRED FOR ADMISSION

- 1. Original Matriculation certificate (or IBCC O' level certificate with detail sheet) + 6 unattested photocopies (Matric result card not acceptable).
- 2. F. Sc certificate/result card (or IBCC A' level certificate with detail sheet) + 6 unattested photocopies.
- 3. Original Provisional/Character certificate (F. Sc) + 3 unattested photocopies.
- 4. Three Copies of CNIC (Student) unattested.
- 5. Three Copies of CNIC (Father/Guardian) unattested.
- 6. Original Domicile certificate + 3 unattested photocopies.
- Original BMC (Board Migration certificate)/ N.O.C from concerned Board of Intermediate & secondary education in favour of University of Health Sciences Lahore, if the Board of Intermediate & secondary Education is other than Punjab Province.
- 8. Un-attested Sixteen recent Photographs with sky blue background.(Passport size)
- 9. Three Copies of Entry test result card unattested.
- Original Hafiz—e-Quran certificate (If applicable) + 3 unattested copies.
- 11. One (01) set of photocopies of all Educational documents (for Boarders only).
- 12. Original Affidavit on Rs.50/- stamp paper (specimen attached as Annexure-A)
- 13. Original Surety Bond on Rs.100/- stamp paper (specimen attached as Annexure-B)
- 14. Vaccination Certificate for the following effect
- a) Inoculated against the enteric group of fevers within the preceding 12 months.
- b) Fully vaccinated against Tetanus.
- c) Fully vaccinated against Hepatitis "B" virus.

Note: student is personally required to appear himself/herself for medical and thumb impression.

FEE REQUIRED FOR ADMISSION

College dues amounting to **Rs.**42100/-. Please bring in shape of Bank Draft in favour of Principal Quaid-e-Azam Medical College Bahawalpur.

For those students who are interested for hostel accommodation dues amounting to Rs.85640/- (College dues Rs.42100/- + Hostel dues Rs.43540/-) (Excluding Mess Charges) in shape of Bank Draft in favour of Principal Quaid-e-Azam Medical College Bahawalpur.

Date of admission is 10th & 11th February, 2021



TO BE PRINTED ON RS.50/- STAMP PAPER

AFFIDAVIT

	I Mr. / Ms D/O, S/O			
	R/O			
	solemnly declares that:			
1.	I undertake that I will not indulge myself in any political and mischievous activity inside the College, Hospital and Hostel premises.			
2.	I undertake that I will not be a part of any unlawful activity in the College, Hospital and Hostel premises.			
3.	I undertake that I have been fully informed that University of Health Sciences criteria for attendance is 75%. I will not object or agitate in any forum if my admission for Professional examination is withheld due to shortage of attendance.			
4.	I undertake that I will not post anything which is against any student, college, functionary or the Government on the social media like face book & Twitter etc.			
5.	I also solemnly declare that I will abide by the discipline, rules and regulations of College/Hostel authorities enforced at present and made from time to time by the College authorities.			
6.	I hereby authorize the College administration to penalize me if I do not observe the rules & regulations mentioned in the prospectus.			
	I solemnly affirm that the above declaration / undertaking is true the best of my knowledge and without any coercion and is being given un- free will.			
	<u>DEPONENT</u>			
	(Signature of the candidate)			
	<u>Name:</u>			

Address:____

Dated: _____ Phone: ____

(ATTESTED BY THE NOTARY PUBLIC)

(Signature of student's Father / Guardian)

Father/Guardian CNIC No:____

Father/Guardian's Name:



TO BE PRINTED ON RS.100/- STAMP PAPER

SURETY BOND

1.	It is certified that Mr / Ms	(student name)	 	
	D/O, S/O	(Studer it Harrie)	, a permanent resident of	
		, sc		
2.	I am(Student name)	N.I.C	will serve	
	Medical Officer" in Primary F	Health Department, as "Probational Health Care facilities for a period of a case, I fail to fulfill the commitment,	one year after completing the	
3.	<u> </u>	N.I.C No lame)	solemnly	
4.	declare that the statement made above by my son/daughter / spouse is true and in case of violation I and my son / daughter / spouse will be liable to any legal action. I solemnly declared that my son / daughter / spouse will (Father/Mother/Guarantor 's Name) serve Government of the Punjab Health Department, as "Probationary Medical Officer / Women Medical Officer" in Primary Health Care facilities for a period of one year after completing the foundation year / house job. In case, of violation I will be liable to pay Rs: three (3) million to the Government of Punjab on account of my son / daughter / spouse as a fine or my son /daughter / spouse will be liable to any legal action which the government may deem fit to take.			
	& Signature of Student) No.	(Name & Sig	gnature of Surety)	
Witne	sses-1	witnesses-2		
. •	ature of Witnesses)		(Signature of Witnesses) Name:	
	ess:		Address:	
CNIC	No	CNIC No		

(ATTESTED BY THE JUDICIAL MAGISTRATE FIRST CLASS)