

**DIRECTORATE OF EDUCATION COLLEGES GILGIT-BALTISTAN****MBBS/BDS Nominations 2022-23****APPLICATION FORM****Nominations Against MBBS/BDS quota seats of Gilgit-Baltistan for the Academic Session 2022-23****Form No:**

47-1-14874

Paste Your Passport  
Size Photo Here

|                    |              |
|--------------------|--------------|
| Name of Candidate: | Something    |
| Father's Name:     | Gul Khan     |
| Gender:            | MALE         |
| Postal Address:    | Some Address |
| Permanent Address: | Some Address |
| Date of Birth:     | 12-12-2000   |
| District:          | GILGIT       |
| Disability:        | NO           |
| Cell No:           | 0334-3434343 |
| Whatsapp No:       | 0334-3434343 |
| Telephone No:      |              |

**Academic Record:**

| S.No | Qualification                      | Name of Last Institute Attended | Board Name | Board Rollno | Year of Passing | Total Marks | Obtained Marks | % Marks |
|------|------------------------------------|---------------------------------|------------|--------------|-----------------|-------------|----------------|---------|
| 1    | SECONDARY SCHOOL CERTIFICATE (SSC) | The New Boston School           | Americana  | 32423        | 2019            | 1100        | 888            | 80.73   |
| 2    | F.SC PRE-MEDICAL                   | The New Boston School           | Americana  | 3434         | 2020            | 1100        | 888            | 80.73   |
| 3    | Mdcat/Entry Test                   | The New Boston School           | Americana  | 223          | 2022            | 200         | 180            | 90.00   |

**Preference of Universities and Courses:**

| University Name                                  | Uni Code | Course Name                               | Course Code | Priority |
|--|----------|---|-------------|----------|
| SAHIWAL MEDICAL COLLEGE, SAHIWAL                 | SMCS     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 1        |
| CHANDAKA MEDICAL UNIVERSITY                      | CMU      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 2        |
| DOW University of Health Sciences, Karachi       | DOW      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 3        |
| PUNJAB MEDICAL COLLEGE, FAISALABAD               | PMC      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 4        |
| QUAID-E-AZAM MEDICAL COLLEGE                     | QAMC     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 5        |
| AMEER-UD-DIN MEDICAL COLLEGE, LAHORE             | AUDMC    | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 6        |
| SERVICES INSTITUTE OF MEDICAL SCIENCES           | SIMS     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 7        |
| AYUB MEDICAL COLLEGE, ABBOTABAD                  | AMC      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 8        |
| SHEIKH ZAYED MEDICAL COLLEGE, RAHIMYAR KHAN      | SZMC     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 9        |
| GUJRANWALA MEDICAL COLLEGE, GUJRANWALA           | GMC      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 10       |
| D.G KHAN MEDICAL COLLEGE, DG KHAN                | DGKMC    | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 11       |
| AJ AND K MEDICAL COLLEGE, MUZAFFARABAD           | AJKMC    | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 12       |
| KHUWAJA MOHAMMAD SAFDAR MEDICAL COLLEGE, SIALKOT | KMSMC    | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 13       |
| KHYBER MEDICAL UNIVERSITY, PESHAWER              | KMU      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 14       |
| NISHTER MEDICAL UNIVERSITY                       | NMU      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 15       |

| University Name                       | Uni Code | Course Name                               | Course Code | Priority |
|---------------------------------------|----------|---|-------------|----------|
| RAWALPINDI MEDICAL UNIVERSITY         | RMU      | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 16       |
| POONCH MEDICAL COLLEGE, RAWALAKOT     | PMCR     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 17       |
| KING EDWARD MEDICAL UNIVERSITY LAHORE | KEMU     | BACHELOR OF MEDICINE, BACHELOR OF SURGERY | MBBS        | 18       |

**Documents Attached:** (After attaching the required document please tick the check box at the end)

- |   |              |                          |
|---|--------------|--------------------------|
| 1- Matriculation Certificate (SSC) Attested   | 2-<br>Copies | <input type="checkbox"/> |
| 2- F.Sc Certificate (FSC) Attested  | 2-<br>Copies | <input type="checkbox"/> |
| 3- Domicile Certificate Attested  | 2-<br>Copies | <input type="checkbox"/> |
| 4- Character Certificate Attested   | 2-<br>Copies | <input type="checkbox"/> |
| 5- Photographs (recent P.P size)  | 3-Nos        | <input type="checkbox"/> |
| 6- Affidavit (Worth Rs. 5/-on Non Judicial Stamp) and Postal order worth Rs 300 in favor of Directorate of colleges GB/ MCB Bank deposit slip Rs. 300 (Acc# 10053898 MCB Gilgit Branch near Ittihad Chock Gilgit) | 2-<br>Copies | <input type="checkbox"/> |
| 7- Entry Test Result Attested   | 2-<br>Copies | <input type="checkbox"/> |
| 8- Disable Certificate (if any) Attested  | 2-<br>Copies | <input type="checkbox"/> |
| 8- Hafiz-e-Quran Certificate (if any) Attested  | 2-<br>Copies | <input type="checkbox"/> |

**Instructions:**

- 1- **All academic and other certificates must be attested.**
- 2- Provincial domicile shall not be accepted in any case.
- 3- A student needs Correction/Alteration in his Application Form after submission will only be allowed, if a he submits an application in GBDOE office before closing date.

**Certificate:**

I **Something S/O Gul Khan** assure you that particulars/documents-attached by me with this application form are correct to the best of my knowledge and belief. If anything found incorrect, I shall not be eligible for nomination. I further undertake that my form is filled by me.

\_\_\_\_\_  
Signature of Guardian/Father

\_\_\_\_\_  
Signature of Applicant

Permanent Address:**Some Address**

Cell No:**0334-3434343**

Dated:**23-11-2022**