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ABBOTTABAD INTERNATIONAL MEDICAL INSTITUTE
ABBOTTABAD, PAKISTAN

Admission Application Form for
College of Medicine ☐
College of Dentistry ☐

Paste One

Passport Size

Photograph

White Background

1. Seat Applied For ☐ Open Merit ☐ Overseas Pakistanis ☐ Foreign National

2. ☐ Boarder / Hostelite ☐ Day Scholar

3. Name

4. Father's Name

5. Present Address _____

_____ Tel/Cell _____

6. Permanent Address _____

Phone (Res) _____ (Fax) _____ E-mail _____

7. Date of Birth _____ 8. Place of Birth _____ 9. Sex: ☐ Male ☐ Female

10. Nationality _____ 11. Domicile _____ 12. Religion _____

13. Father's / Guardian's name occupation / profession exact position and Postal Address:

Phone (Res) _____ (Fax) _____ E-mail _____

Emergency Contact No. _____

14. Education/Qualifications:

Qualifications:	Year of Passing	Marking Obtained	Total Marks	Name of the Board University	Name of the School / College
Matriculation: (Secondary School)					
F.Sc. Pre Med: (Higher Secondary School)					
Entry Test					

15. Qualification other than F.Sc like the British G.C.E. 'A' Level or American high School or similar qualification degree _____ Year of Passing _____

Subjects passed with grades _____

School/College with Address _____

16. Any Special Achievement _____

17. Extra curricular activities _____

A. Hobbies _____

B. Sports _____ C. Debates _____ D. Library _____

E. Computer knowledge: ☐ Yes ☐ No: Details _____

18. Who will bear the cost of your Education, Name & Relation _____

His exact Occupation / Profession _____

Exact Position held if in service _____

Full Postal Address _____

Phone # (Res) _____ (Fax) _____ E-mail _____

19. Are you physically fit ☐ Yes ☐ No, if not mention the Problem _____

20. Have you ever been convicted in a court of law ☐ Yes ☐ No, if yes then when and what for _____

21. Have you ever been admitted in any Medical Dental College before ☐ Yes ☐ No

if yes where and when _____

22. Have you been Vaccinated against Hepatitis ☐ Yes ☐ No, MMR ☐ Yes ☐ No

if yes where and when _____

23. The following attested photo-copies of the certificates etc. Should be attached with the application:

- a. A copy of detail Marks Certificate of the examination on basis of which admission is sought.
(F.Sc. Pre medical or similar examination like the British G.C.E. 'A' level or American / Canadian High School Certificate with grades etc.)
- b. A Copy of secondary school Certificate Examination (Matriculation or 'O' Level)
- c. A Copy of National Identity Card or Form B.
For Foreign and Overseas applications photocopies of the four pages of the passport.
- d. A Copy of the Domicile/Residence Certificate.
- e. A Copy of Character Certificate from Head of the institution last attended.
- f. A Copy of any other educational achievement or co-curricular activity Certificate that an applicant wishes to be considered.
- g. A medical Certificate duly signed by a registered medical doctor regarding physical fitness.
- h. A certificate that you have received proper Hepatitis B vaccine.
- i. Ten (10) Copies of passport size white background (2x2 inches) colour photograph of the applicant.
- J. A Copy of result of Entry Test.

24. Declaration:

a. I, Mr/Miss

made the correct statement, if any statements is found false I shall be disqualified for admission and/ continuing studies.

b. I shall fully abide by the college rules and regulations as at present and to be announced by the college from time to time.

c. I have carefully read the items No, 23 above and fully understand and agree to abide by the contents.

(Signature of the applicant)

(Passport No. in case of foreign applicants _____)

Issued on _____ at _____

Declaration by Father / Guardian:

I, Mr/Miss _____ S/o _____

Father / Guardian of _____

I, certify that my son / daughter / ward is applying for admission in MBBS course, which is of five year's duration at Abbottabad International Medical College Abbottabad with my permission. He / she has made correct entries and I endorse his/her declaration. I undertake to arrange payment of his/her fees and other dues regularly on early basis during the 1st month after start of each session without delay. I further assure that my son/daughter/ward will strictly abide by the rules and regulations of the college. I accept and agree to all the present and future decision of the college authorities.

(Signature of father/Guardian the applicant)

(Passport No. in case of foreign applicants _____)

Issued on _____ at _____

25. Important Note:

This completed application form accompanied with a demand draft of Rs. 3000/- from within Pakistan and US\$ 100/- from abroad for foreign and Overseas applicants in the name of AIMI Pvt Ltd Abbottabad as Admission Processing Fee. It should be submitted / mailed on the following address:

ABBOTTABAD INTERNATIONAL MEDICAL INSTITUTE (PVT) LTD

P.O. Abbottabad Public School, Mansehra Road, Abbottabad.

E-mail: info@aimi.edu.com

Website: www.aimi.edu.pk

Contact: 0992-406613-15