

APPLICATION FORM FOR ADMISSION IN MBBS/BDS UNDER
UNIVERSITY EDUCATION ASSISTANCE PROGRAMME
LOCAL CATEGORY

ACADEMIC SESSION 2019-20

NAME: _____ MALE / FEMALE _____

FATHER'S NAME: _____

Guardian's name, address & relationship with candidate: _____

PERMANENT ADDRESS: _____

PRESENT POSTAL ADDRESS WITH PHONE NO: _____

REQUIRED ADMISSION FOR WHICH COURSE _____
(Write MBBS/BDS as the case may be)

* DD/PAY ORDER NO/BANK _____ DATED _____ FOR RS. 5,33,610/
(Rupees Five Lac Thirty Three Thousand Six Hundred Ten only) in the name of Vice Chancellor SMBBMU Larkana.

Candidates interested to get admission at KMC Khairpur must submit an additional DD/Pay order of Rs: 95190/- in the name of Principal Khairpur Medical College, Khairpur after admission at KMC Khairpur.

AGGREGATE SCORE (HSC+ Entry Test) _____

MERIT NO. IN THE DISTRICT ACCORDING TO FINAL MERIT LIST _____

DATE _____ SIGNATURE OF APPLICANT _____

Following documents should be attached with the form at the time of submission.

- 1 * DD / Pay Order of prescribed fee as mentioned above in the name of Vice Chancellor SMBBMU, Larkana,
- 2 Entry Test Admit Card.

NOTE:

1. At the time of admission candidates have to produce original DD/Pay order number as mentioned above.
2. Any Candidate who encashed/ withdraws DD/Pay order at any stage before offer of admission, shall not be considered for admission and his/her name shall be removed from the merit list of UEAP Local Category / Candidates.
 Forms completely filled along with required documents be sent through any courier / postal service or by hand on following address.

Directorate of Admissions, SMBBMU @
Chandka Medical College Larkana