

$\frac{\textbf{FOUNDATION UNIVERSITY MEDICAL COLLEGE}}{\textbf{ISLAMABAD}}$

STUDENT BIO DATA FORM FOR MBBS

SESSION 2023-2027

Passport Size
Photo

1. Name:															
	(Write th	ie name	as per N	Tatric/e	quivalen	ce ceri	tificat	e in	handpr	int in (CAP	ĪTAI	L Lett	ers)	
2. Date of Birth:					3.	Ger	nder	:	Male	/ Fe	male	e			
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4. Father/Guardian Name:															
5. Father's Current Profe	ession / Rank (Exact 1	Designa	ition) _											
6. CNIC No Father / Guard	ian]
7. Candidate's CNIC No / '	'B" Form No]
8. Foreign/Expatriate Stud	dents			Nan	ne of Co	ountry	y			_ Pass	spor	t No	•		
9. Hafiz -E-Quran: Y	es N	No 🗀	(If Y	es ple	ase atta	ch cer	rtifica	ates)	١						
10. Status of the applicant				_					iate		Fo	reig	ner		
11. If Pakistani Resident, t									ployee			,, _, , _,	,11		
11. II I akistani kesiucii, t	ICK appropria	lt tait _é	•		Defence	 - Forc	_				n De	efenc	re Fo	rces [\neg
12. Domicile (District / Pro	ovince):			g	Duim		L				lk 20.			_	
13. Postal Address (Father	r / Guaruian <i>)</i> ;														
Email (Eath on/Quantian)				Dha						Mah					
Email (Father/Guardian):_															
Email Student:				Pho	ne:					Mob	ile:				
Blood Group:															
14. Permanent Address:															
			Phone	•				 V	Iobile:						
			. I Hone	•				17.	loone.						
Examination	Year o Passin		Total Marks	Mar Obta	ks ained	% aş	ge	N	Iajor S of st		cts	Ins	tituti	on Att	ended
Matriculation/Equivalent															
Intermediate/ Equivalent															
SAT – II/MCAT (For Foreign Expatriate Students)	and														
Regional/Provisional Govt Entry Test										No	ot F	Req	uire	d	

Signature	of the	Applicant
Date:		

FINANCIAL POSITION

	Father/Guardia	n Mothe	er Self	Brother/ Sister	Total Monthly Income			
alary								
ension								
come from Rent								
come from Land								
ther (Specify)								
otal								
3. Family Cur	rent Assets							
	Father/Guardia	n Mothe	er Spouse	Self	Brother/ Sister	Total (Rs)		
ouse ·								
usiness								
and & Buildings								
ar/Vehicles								
ank Balance								
otal Assest otal								
Name	Name Relation		Age Institution (if studying)			Fee (per month) if studying		
5. <u>Monthly E</u> a. App	xpenditure rox exps on House	hold/						
	-	= +	Rs.					
Utilit	rox Medical Exps	:	Rs.					
Utilit			Rs.					
Utilit b. App c. App	rox Education Exp							
Utilit b. App c. App	rox Education Expo rox Travel/Misc Ex	ps :						
Utilit b. App c. App		ps :						