

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

ACADEMIC SESSION 2020-21

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.

AGGREGATE SCORE (Matric+ 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