QUAID-E-AZAM MEDICAL COLLEGE AND ALLIED INSTITUTION BAHAWALPUR

Application Form **For Admission into 4 year Degree Programme** • B.Sc (Hons) Cardiac Perfusion Technology for the session 2025-2026. Total Seats (05) Five	Tel:062-9250431 062-9250411Ext294 Fax:062-9250432 principalqamc@yahoo.com	Photograph Passport size	
		Application No.	
		Date of Receipt	

PERSONAL DATA (ONLY FOR PUNJAB DOMICILE)

- Name: _____ CNIC NO: _____
- Father/Guardian Name_____ CNIC NO. _____
- Religion:_____ Date of Birth: _____
- Domicile District:_____ Phone No student _____
- Postal Address:_____
  _____ Religion _____
- Father/Guardian Occupation: _____ Phone No _____
- Father/Guardian Annual Income: _____

- **DETAIL OF QUALIFICATION.**

Examination	**Matric/Equivalent**	**Inter/Equivalent**	**CPT Entry Test**	**Hafiz-e-Quran**
Roll No.				
Year of Passing				
Registration No.				
Total Marks/Obtained				
Board				

Note: Attach Photocopies of Matriculation Certificate, F.Sc (Pre-Medical) or F.Sc in relevant technology from a Board of Intermediate & Secondary Education / Equivalent determine by the Inter Board Committee of Chairmen Islamabad with at least 50% unadjusted marks, Entry Test Result, Domicile Certificate, Character Certificate, CNIC/Form-B, Two recent passport size Photographs. All documents and photographs should be attested by an officer BPS-17 or Above.

Dated: _____ Signature of Applicant: _____

Note: Processing fees Rs.1000/- to be deposited in HBL QAMC Branch through Challan.