



ZARMED UNIVERSITY
BUKHARA, UZBEKISTAN
APPLICATION FORM
for Admission in MBBS (Session 2024-2025)
Open Merit / Overseas / Foreign

Photo

CANDIDATE PERSONAL DATA

Name of Applicant: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Nationality of the Candidate: _____ CNIC or Form B No: _____

Passport No. [Foreign / expatriate applicant]: _____

Present Student's Mailing Address: _____

Permanent Student's Address: _____

Phone: Residence _____ Student's Cell No: _____

Email: _____

CANDIDATE'S FATHER DATA

Father's Name: _____ Alive Deceased

Father's Nationality: _____ CNIC No _____

Father's Profession [Exact designation]: _____

Phone: Father's Office: _____ Residence No. _____

Father's Cell No: _____ Father's Email: _____

CANDIDATE'S GUARDIAN DATA (If other than father)

Name of Guardian: _____ Occupation: _____

Guardian's Nationality: _____ CNIC No _____

Mailing Address: _____

Phone: Office: _____ Residence No: _____

Cell No: _____ Fax: _____ Email _____

CANDIDATE'S ACADEMICS RECORD

Qualification	Year of Passing	Marks Obtained	Total Marks	Attempt	Board / Institution
SSC / O level				<input type="checkbox"/> First <input type="checkbox"/> MI	
F.Sc / A level Pre Medical				<input type="checkbox"/> First <input type="checkbox"/> MI	

PROVINCIAL ENTRY TEST	Roll No.	Marks Obtained	Total Marks	Test's Year
ETEA or any Provincial Entry Test of Medical Colleges				

HONOURS/MEDALS/POSITIONS/SCHOLARSHIPS

Achievement	Occasion	Year

LANGUAGES

Please indicate the language and your reading, writing and speaking skill level
(Rate as Excellent / Good / Fair)

Language	Read	Write	Speak

CO-CURRICULAR ACTIVITIES _____

Reference _____

Scholarships won (if any) _____

Signature of Applicant

Name : _____

One each attested photocopy of following documents are required with application form:

- SSC DMC / O Level equivalent certificate
- SSC certificate
- DMC of F.Sc (Pre-Medical) / A level equivalent certificate
- Certificate of F.Sc
- Candidate Computerized National Identity Card or Computerized Form-B
- Computerized National Identity Card of father & Guardian
- Three color photographs 2x2
- Current year Result Card of ETEA or any Provincial Entry Test of Medical Colleges
- Domicile

FOR OFFICE USE ONLY

Admitted:

Not Admitted:

Signature of Chairman Selection Committee _____