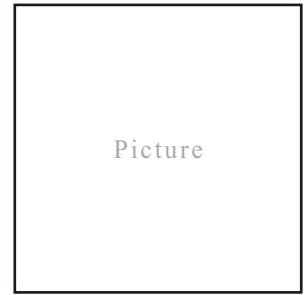




Sharif Medical & Dental College, Lahore



APPLICATION FORM

For the Admission in BDS Course

1. Name of the candidate (in block letters):

S/o, D/o, W/o:

2. Date of Birth::

		Day	—		Month	—		Year		
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3. Present Age:

	Year			Month			Day	
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(On the last date of the submission of application)

4. NIC No.:

5. Domicile:

6. Means of Contact:

a. PTCL No.

b. Mobile No.:
(If any)

c. Fax:
(If any)

d. E-mail:

7. Postal Address:

a. Present:

b. Permanent:

8. Qualification:

Sr. No.	Qualification	Roll No.	Registration No. (Board)	Year of Qualifying	Institution & City	Total Marks	Marks Obtained	% age
1.	Matric / O Level							
2.	F.Sc. / A Levels							
3.	MCAT							

