

AGA KHAN UNIVERSITY
Medical College
Course Registration Form

For Office Use Only

Student ID					

Course Details:

Name of Course: _____

Name of Programme: _____

Documents check-list:

Copy of CNIC / Passport

Metric Certificate

Last Degree / Marksheet

Please staple a
 photograph with
 white background.
 (Size 1.5 in x 2 in)

*Attested recent
 photograph bearing the
 name of the applicant
 at the back.*

*(Please do not attest
 on candidates face)*

Personal Data:

Name (as per CNIC):

[] Dr. [] Mr. [] Ms. _____
First Middle Last

Sex: Male / Female

Marital Status: Single / Married / Others: _____

 Date of Birth
 (dd/mm/yyyy)

 Place of Birth

 Citizenship

 CNIC # (for Pakistani applicants)
 Passport # (for Foreign applicants)

Correspondence Address

City _____ Country _____

Tel #: _____ Fax No.: _____

Cell#: _____

E-mail: _____

Permanent Address

City _____ Country _____

Tel #: _____ Fax No.: _____

Cell#: _____

E-mail: _____

Previously applied for admission:

Yes No

If Yes, year _____, programme _____

For Office Use Only: Please do not write in this space:

Fees: Online Payment L

Draft / Pay order F

Date _____ Received by _____

Academic Qualification:

University/College Education

Institutions Attended (most recent first)	Years of Attendance	Official Name of Degree / Diploma & area of concentration (major)

Higher Secondary Education (Grade 12 or Equivalent):

Do not refer to attachment or transcript. You must include attested copies of HSC / A-Level mark-sheet.

System of Education : _____ Board: _____
(Pakistani, British, American or Other)

Year of Completion: _____ Total Score / Percentage: _____
(Where applicable)

Employment in health and/or social sector (as applicable)

(Attach additional sheet if necessary)

Present Employment	Total Work Experience																			
	Year	Month																		
Name and Address of Organization _____ _____																				
Designation _____ Department: _____																				
Nature of Work _____																				
Date of Employment (dd/mm/yyyy): <table border="1"><tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="5">From</td><td colspan="5">To</td></tr></table>					-			-					From					To		
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From					To															

Please Note:

Aga Khan University reserves the right to revoke admission and registration if an application form is discovered to be inaccurate or incomplete, or if supporting documents are discovered to be fraudulent. Any applicant who presents a fraudulent document in support of an application for admission may be identified to other universities and colleges.

Declaration:

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decision of the University concerning the evaluation of my application and the final selection.

_____ Date

_____ Applicant's Signature