GOVT. KHAWAJA MUHAMMAD SAFDAR MEDICAL COLLEGE, SIALKOT

Phone NO: 052-9250737
Phone NO: 052-9250738

Email: principalkmsmcskt@gmail.com
website: www.kmsmc.edu.pk

CALL LETTER FOR ADMISSION

To

ALL THE MBBS SELECTED STUDENTS,
Provisionally admitted in Khawaja M. Safdar Medical College,
Sialkot.

SUBJECT: **PROVISIONAL ADMISSION INTO FIRST YEAR MBBS CLASS FOR THE SESSION 2026-27**

According to first college wise merit list for admission to Public Sector Medical Colleges in Punjab Session 2026-2027 displayed on website of University of Health Sciences, Lahore, www.uhs.edu.pk , dated 17-11-2026. You are provisionally selected for admission into first year MBBS class of Khawaja M. Safdar Medical College for the session 2026-27. The College administration heartily congratulates you for your achievement, you all to submit the original documents and certificates at the time of admission alongwith attested copies of these documents.

Note: As per Rules & Regulations MBBS/BDS Prospectus session 2026-2027 (Page-55) Government Medical & Dental Colleges in Punjab/ University of Health Sciences, Lahore reproduced as under;

(iv) Those who fail to deposit their college fee, report in writing their joining to their respective college or upload the joining report signed and stamped by the college on UHS portal within due date shall be excluded from the admission/up gradation process and shall have no right of admission/up gradation into the said program in the current session.

18/11/26

Dr. Asma Zulfiqar
Director Student Section
Khawaja Muhammad Safdar Medical
College & Allied Institution, Sialkot

CamScanner

Check List

The following documents are submit on the timing of joining/admission, Session 2026–27

- ☐ UHS joining report
- ☐ Paid fee challan of UHS
- ☐ College and Hostel paid fee challan of Selected College
- ☐ Basic information form of KMSMCS

Required original documents:

- ☐ Matric
- ☐ FSc
- ☐ Domicile
- ☐ MDCAT
- ☐ Migration / NOC (if any)
- ☐ Affidavit from previous college if student enrolled in any course (Cancellation of Admission)
- ☐ Character certificate
- ☐ Medical fitness certificate
- ☐ Affidavit for admission
- ☐ Surety bond for admission
- ☐ Three sets of attested copies of all above-mentioned of original documents

Also attached the following documents:

- ☐ 04 copies of ID Card / B-Form
- ☐ Father's ID Card copies (03)
- ☐ 06 passport size pictures

Student Section
KMSMC Sialkot

CamScanner

TO BE PRINTED ON RS.300/- STAMP PAPER (ATTESTED BY THE NOTARY PUBLIC)

AFFIDAVIT

I Mr. / Ms._____ D/O, S/O _____

R/O _____

solemnly declares that:

1. I undertake that I will not indulge myself in any political and mischievous activity inside the College, Hospital and Hostel premises.
2. I undertake that I will not be a part of any unlawful activity in the College, Hospital and Hostel premises.
3. I undertake that I have been fully informed that University of Health Sciences criteria for attendance is 85%. I will not object or agitate in any forum if my admission for Professional examination is withheld due to shortage of attendance.
4. I undertake that I will not post anything which is against any student, college, functionary or the Government on the social media like face book & Twitter etc.
5. I also solemnly declare that I will abide by the discipline, rules and regulations of College/Hostel authorities enforced at present and made from time to time by the College authorities.
6. I hereby authorize the College administration to penalize me if I do not observe the rules & regulations mentioned in the prospectus.

I solemnly affirm that the above declaration / undertaking is true to the best of my knowledge and without any coercion and is being given under free will.

DEPONENT

_____

(Signature of the candidate)

Name: _____

Address: _____

_____

Dated: _____ Phone: _____

_____

(Signature of student's Father / Guardian)

Father/Guardian's Name: _____

Father/Guardian CNIC No:__ _____

CamScanner

ANNEXURE-B

TO BE PRINTED ON RS.300/- STAMP PAPER
(DULY ATTESTED BY THE JUDICIAL MAGISTRATE FIRST CLASS)

SURETY BOND

1. It is certified that Mr / Ms._____
(student name)
D/O, S/O _____, a permanent resident of District _____, solemnly declare that:-

2. I am _____ N.I.C _____ will serve
(Student name)
Government of the Punjab Health Department, as "Probationary Medical Officer / Women Medical Officer" in Primary Health Care facilities for a period of one year after completing the foundation year / house job. In case, I fail to fulfill the commitment, I will be liable to pay Rs: three (3) million to the Government.

3. I _____ N.I.C No._____ solemnly
(Father/Mother/Guarantor 's Name)
declare that the statement made above by my son/daughter / spouse is true and in case of violation I and my son / daughter / spouse will be liable to any legal action.

4. I _____ solemnly declared that my son / daughter / spouse will
(Father/Mother/Guarantor 's Name)
serve Government of the Punjab Health Department, as "Probationary Medical Officer / Women Medical Officer" in Primary Health Care facilities for a period of one year after completing the foundation year / house job. In case, of violation I will be liable to pay Rs: three (3) million to the Government of Punjab on account of my son / daughter / spouse as a fine or my son /daughter / spouse will be liable to any legal action which the government may deem fit to take.

Name & Signature of Student)

CNIC No. _____

(Name & Signature of Surety)

Witnesses-1

_____
(Signature of Witnesses)
Name:_____
Address: _____

_____
CNIC No._____

witnesses-2

_____
(Signature of Witnesses)
Name:_____
Address: _____

_____
CNIC No._____

(ATTESTED BY THE JUDICIAL MAGISTRATE FIRST CLASS)

CamScanner

KHAWAJA MUHAMAD SAFDAR MEDICAL COLLEGE SIALKOT

PERFORMA FOR 1ST YEAR STUDENTS (SESSION 2026-27)

Pic

1. **STUDENTS DETAIL:-**
   - Student Name:- _____
   - Fathers Name:- _____
   - UHS Application Id:- _____
   - Sr. No. in provisional merit list _____
   - Students ID Card No:- _____
   - Date Of Birth:- _____
   - Gender:- _____
   - Domicile:- _____
   - Contact No. _____
   - Email:- _____
   - Address:- _____
   - Student Type:- _____
   - Seat Category:- _____
   - Date Of Entry To College: _____
   - Fathers ID Card:- _____
   - Fathers Contact:- _____
2. **MATRIC DETAIL:-**
   - Matric Roll No.:- _____
   - Matric Registration No.:- _____
   - Passing Year:- _____
   - Obtained/ Total Marks:- _____
   - Merit:- _____
   - Board:- _____
3. **FSC DETAIL:-**
   - FSc Roll No. _____
   - FSc Registration No. _____
   - Passing Year: _____
   - Obtained/ Total Marks: _____
   - Merit:- _____
   - Board:- _____
4. **MDCAT DETAIL:-**
   - MDCAt Entry Test Roll No. _____
   - Passing Year:- _____
   - Obtained / Total Marks: _____
   - Merit:- _____
   - Aggregate merit:- _____
   - Merit standing:- _____

Scanned with CamScanner

CamScanner

Medical Certificate

(With the subject to admission in medical institute)

(To whom it may concerned)

It is certified that Mr./Miss. _____

S/O, D/O. _____ age: _____

CNIC# _____ has been fully vaccinated against:

- Hepatitis B
- Typhoid
- Tetanus
- Mumps, Measles

And is medically fit for admission in medical institute.

Dr. _____

PMDC# _____

Sign and Stamp: _____

Date: _____

CamScanner