

STUDENT IDENTITY CARD FORM (MBBS)
KING EDWARD MEDICAL UNIVERSITY,
LAHORE

Paste Passport Size
Photograph

Name (Capital Letters): _____

Father's Name: _____

Class: _____ Session: _____ Roll No: _____

Registration No: _____ CNIC No: _____

Date of Birth: _____ Nationality: _____

Religion: _____ Blood Group: _____

Address: _____

Student Cell No: _____ Father Cell No: _____

Father Occupation / Work Place: _____

Candidate's Signature: _____

Verified By: _____

Date: _____

Note: Submit copy of following documents;

1. CNIC
2. B-Form (If CNIC not available)
3. Passport (For Foreigner)