

# FATIMA JINNAH MEDICAL COLLEGE

## LAHORE

### STUDENT BIO- DATA FORM

#### SESSION 2024-25

Passport Size  
Photograph

Seat: \_\_\_\_\_ FJMU List No. \_\_\_\_\_

MDCAT Roll No. \_\_\_\_\_ MDCAT Marks \_\_\_\_\_

Merit Score \_\_\_\_\_

Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

CNIC/P.P.NO. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell No. Student: \_\_\_\_\_ Parents: \_\_\_\_\_

Province: \_\_\_\_\_ District of Domicile: \_\_\_\_\_

Email: \_\_\_\_\_

Matric Mark: \_\_\_\_\_ Board \_\_\_\_\_ Reg. # \_\_\_\_\_

FSC Mark: \_\_\_\_\_ FSC Board \_\_\_\_\_ Reg. # \_\_\_\_\_

Postal Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Total Income Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

Student Signature \_\_\_\_\_