



OFFICE OF THE PRINCIPAL

FATIMA JINNAH MEDICAL COLLEGE

LAHORE

No. 365 /F.J. DATED: 09/12/2025

ALL THE MBBS STUDENTS

Admitted in Fatima Jinnah Medical College, Lahore

Subject: - **ADMISSION IN 1ST YEAR MBBS CLASS FOR THE SESSION 2025-26**

Reference to your application for admission in MBBS course for the session 2025-26. You have been selected/ nominated against the open merit/ reserved seats for admission in 1st Year MBBS class in this college provisionally for the session 2025-26, subject to the following terms & conditions: -

Your admission can be cancelled at any time during the course of the study if any of your documents, certificate or statement is found wrong in any way at any stage. Admission is also liable to be cancelled/ changed if any error or omission is detected at any stage. Apart from this, all the rules and regulations contained in the prospectus of the Government Medical University/ College of Punjab and changes from time to time are applicable and these are binding on you.

You shall submit the documents (**in original**) detail annexed, along with 03 attested Photostat copies of each document in the college office.

You are directed to submit your original documents as per schedule given below: -

FJMC Merit No.	Date	Time
01-100	10 th December, 2025	09:30 AM
101-200	11 th December, 2025	09:30 AM
201-285	12 th December, 2025	09:30 AM
Disable		
Overseas		

If you fail to submit the required documents and certificates on the said date, your Selection/ Nomination will be cancelled.

DETAIL OF FEE/DUES

1.	College Fee	Rs. 65970/-
2.	Hostel Fee	Rs. 59800/-

For more information, please contact following officials.

1.	Principal Office	Tel: 042-99203720 Hamid Rana: 0321-4900526
2.	Student Section	Irfan Hussain: 0306-4799271 M. Hamza Abid 0312-4734409

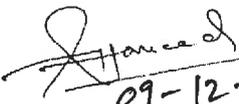

Principal

Fatima Jinnah Medical College, Lahore

FATIMA JINNAH MEDICAL COLLEGE, LAHORE

DOCUMENTS TO BE SUBMITTED FOR ADMISSION

1. Matric Certificate & Marks Sheet (Original)
2. F.sc Certificate & Marks Sheet/Equivalent certificate (Original)
3. Provisional & Character Certificate of College Last Attended (Original)
4. Domicile Certificate (Original)
5. Entry Test Result Card (Copy)
6. Board Migration certificate in case the Board of F.Sc. is other than LAHORE, GUJRANWALA, SARGODHA, RAWALPINDI, FAISALABAD & ISLAMABAD
7. 02 Plastic File Folders
8. 10 Passport size photographs (Duly attested on backside) by any Gazetted officer (name and father's name must be written on backside of photographs)
9. Surety Bond worth rupees 03 million on stamp paper Rs.100/- (Specimen download from FJMU website) duly attested by 1st class Magistrate.
10. Certificate of vaccination against the group of fevers within the preceding months.
11. Certificate that you have been vaccinated against tetanus & Covid-19.
12. Certificate that you have had a full course of immunization against Hepatitis "B" Virus.
13. Complete Blood & Urine report along with X-Ray (Chest P.A. view) report.
14. copies of each educational document, CNIC/B From, Passport (for Foreign National students).
15. Equivalence Certificate (**FOR FOREIGN NATIONAL STUDENTS**) from IBCC Office, Lahore/Islamabad (Original).
16. English Language certificate (for Foreign National students) that the candidate can read, write & speak English fluently, from Government or Ambassador or other competent authority of the country concerned or from the Pakistan Embassy in that country.
17. Foreign students shall produce a certificate of their HIV status from prescribed laboratories in Pakistan. If, during the course of study, any foreign student is found to be positive for HIV infection, she shall be repatriated at her own cost.


09-12-25
Principal

Fatima Jinnah Medical College, Lahore

FATIMA JINNAH MEDICAL COLLEGE

LAHORE

STUDENT BIO- DATA FORM

SESSION 2025-26

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 Total Mark: _____ Matric Obtain Mark _____ Board _____

FSC Total Mark: _____ FSC Obtain Mark _____ Board _____

Postal Address: _____

Permanent Address: _____

Total Income Monthly _____ Yearly _____

Student Signature _____

MEDICAL FITNESS REPORT FORM

ADMISSION INTO FIRST YEAR MBBS CLASS FOR THE SESSION 2025-26

NAME OF THE CANDIDATE: _____

EXAMINATION

SIGNATURE OF DOCTORS

MEDICAL		
SURGERY		
DERMATOLOGY		
VISION		
X-RAY IF REQUIRED X-RAY DEPARTMENT		
PSYCHIATRY		

(Irfan)

(On stamp paper Rs.100/-)

KNOW ALL MEN BY THESE PRESENTS

That we, _____ of MBBS class of

(Name of the Student with Residential Address)

FATIMA JINNAH MEDICAL UNIVERSITY, LAHORE and

(Surety)

(Name & Address of the Surety)

hereby bind ourselves our heirs, executors and administrators, jointly and severally to the Governor of the Punjab for the payment to him of a sum Rs.03 millions (Rupees Thirty Lac Only), on demand.

WHEREAS THE ABOVE BONDED _____, was

(Name of the Student)

admitted into MBBS class in Fatima Jinnah Medical University, on a clear undertaking by her that she would serve Govt. of the Punjab Health Department as Probationary Women Medical officer in the primary health care facilities for a period of one year after completing the foundation year/House Job.

AND WHEREAS THE SAME _____ have entered

(Name of the Student)

into the bond in the sum of Rs.03 million (Rupees Thirty Lac Only) conditioned for the due performance by _____ of the said undertaking.

(Name of the Student)

NOW THE CONDITION of the above written bond is such that if the said _____ shall join the service of Govt: of the Punjab Health Department as

(Name of the Student)

probationary Women Medical Officer in the primary health care facilities after house job and will not quit such service before the completion of one year service at primary health care facilities then the above written bond shall be void and no effect otherwise shall be and remain in full force and virtue.

1. _____

(Signature of the Student)

CINIC #: _____

Address _____

WITNESS

1. _____

(Signature of Witness)

CINIC #: _____

(Name and Address)

2. _____

(Signature of Surety)

CINIC #: _____

Address _____

WITNESS

2. _____

(Signature of Witness)

CINIC #: _____

(Name and Address)

ATTESTED BY THE MAGISTRATE 1st CLASS