OFFICE OF THE PRINCIPAL / HEAD OF INSTITUTIONS

SHEIKH ZAYED MEDICAL COLLEGE, SHEIKH ZAYED HOSPITAL,
H.H. SH. KHALIFA INSTITUTE OF ALLIED HEALTH SCIENCES AND HEALTH CARE CENTER,
COLLEGE OF NURSING, SHEIKH ZAYED MEDICAL COLLEGE,
PILOT PROGRAM FOR HUB & SPOKE MODEL AT ZAHIR PIR, RAHIM YAR KHAN.
Ph.# (068) 9230161, (068) 9230164
E-mail: info@szmc.edu.pk www.szmc.edu.pk

Ref. No. 000881-920 /SS/SZMC. Dated 14 / 11 / 2026.

CIRCULAR

SUBMISSION OF DOCUMENTS & JOINING PROCEDURE FOR 1ST YEAR MBBS ADMISSIONS (SESSION 2026-27)

In accordance with the University of Health Sciences **(UHS), Lahore Prospectus for Session 2026-27** (Section 10, Clause 2-g: *Joining of Selected Candidates*, Pages and the Admission Policy notified by the Specialized Healthcare & Medical Education Department, Government of Punjab, all candidates selected for admission to the **1st Year MBBS programme (Session 2026-27)** at **Sheikh Zayed Medical College, Rahim Yar Khan** are hereby directed to report in person accompanied by their parent(s) or legal guardian within the stipulated deadline (**03 working days** from the display of the Selection List) along with the following **mandatory original documents** and **attested photocopies**:

1. Mandatory Joining & Fee Requirements

- **Written Joining Report:** Submission of a formal written Joining Report to the College Admission Committee. *(Note: After getting it signed and stamped by the college, the candidate must upload its scanned copy on the* UHS Admission Portal *within the due date.)*
- **Paid Fee Challan:** Original paid Bank Challan/Receipt of prescribed college fee (**Rs. 53,030/- for Open Merit / Quota seats**, or **US$ 10,000/- per annum** for Overseas / Dual Nationality quota seats) deposited in BOP/NBP or via 1Bill Invoice.

2. Original Documents & Attested Copies Required at the Time of Interview / Joining

(Note: All original academic documents shall be retained by Sheikh Zayed Medical College, Rahim Yar Khan until completion of the MBBS degree. Candidates must put their signature and thumb impression on the back of all attested copies before the Admission Committee.)

I. **Matriculation / SSC Certificate & Result Card:** Original along with attested photocopies (verified by the concerned BISE).

II. **HSSC (Pre-Medical) /** F.Sc**. Result Card / Certificate:** Original along with attested photocopies (verified by the concerned BISE).

III. **IBCC Attestation / Equivalence Certificate:**
   a. For HSSC-pass candidates: Educational documents attested by IBCC (mandatory upon joining the institution).
   b. For Foreign Qualifications (A-Level, IB, etc.): Original IBCC Equivalence Certificate.

IV. **MDCAT Result Card:** Copy of valid MDCAT (2024 / 2025 / 2026) official result (or valid SAT-II / MCAT / UCAT score card for eligible Overseas/Foreign candidates).

V. **Domicile Certificate:** Original Domicile Certificate of the candidate (Punjab / relevant district or province/region as per seat category; not required for Overseas quota).Joining

VI. **Candidate's Identity Document:** Original and attested copies (both sides) of CNIC / B-Form (CRC) / POC / Passport. *(For Overseas/Dual Nationality seats: Valid Iqama/Residence Permit/Green Card/Maple Card/Foreign Passport + Absher/MOI printout for KSA residents.)*

VII. **Parent's / Guardian's CNIC:** Attested copies (both sides) of Father's, Mother's, or Legal Guardian's CNIC.

VIII. **Recent Photographs:** Recent passport-size color photographs with a white background (not older than one month, unedited, face clearly visible).

3. Mandatory Bonds, Affidavits & Medical / Vaccination Certificates

I. **Probationary Medical Officer Surety Bond (Mandatory for All):** Surety Bond worth **Rs. 3,000,000/- (Three Million)** on stamp paper, undertaking to serve the Government of Punjab as a Probationary Medical / Woman Medical Officer in primary healthcare facilities for one (01) year after completing House Job.

II. **Medical Fitness & Vaccination Certificates:** Candidates shall appear before the Institutional Medical Board of Sheikh Zayed Medical College / Hospital, Rahim Yar Khan and submit valid certificates confirming they have been:

- **Inoculated against Enteric group of fevers** (Typhoid) within the preceding 12 months.
- **Fully vaccinated against Tetanus**.
- **Fully vaccinated against Hepatitis "B" virus**.
- **HIV Screening Certificate** (from prescribed laboratories in Pakistan — *mandatory for Foreign students only*).

4. Category-Specific Additional Documents (Where Applicable)

- **Under-Developed Districts Quota (including Rahim Yar Khan, Rajanpur, D.G. Khan, Muzaffargarh, Layyah, Bhakkar, Lodhran):**
  - Surety Bond of **Rs. 500,000/-** on minimum Rs. 50/- stamp paper (as per *Annexure-I* of UHS Prospectus) to serve in the district of domicile for 05 years.
  - Original Education Verification Certificate from Class 1 to 12 countersigned by CEO (DEA), Director of Education (Colleges), and Deputy Commissioner (*Annexure-II*), along with School/College Leaving Certificates.
- **Cholistan Quota:** Original Cholistan Certificate issued by the Managing Director, Cholistan Development Authority, Bahawalpur (*Annexure-III*).
- **Students with Disabilities Quota:** Original Disability Certificate issued by NCRDP / Social Welfare Department and UHS Medical Board Fitness/Eligibility Decision.
- **Previously Admitted Students:** Affidavit on minimum Rs. 50/- stamp paper (*Annexure-V*) surrendering previous MBBS/BDS admission and any examination credits/dues.
- **Submission of Institutional Bio-Data Form:** At the time of joining, all students must fill out the institutional bio-data form completely and submit it along with their joining documents. Please ensure the form bears the **signature and thumb impression** of both the **student** and the **parent/guardian**.

Important Note:

Failure to deposit the fee, submit the written joining report, or upload the signed/stamped joining report on the UHS portal within the notified due date shall result in automatic cancellation of admission and forfeiture of the right to upgradation.

PROF. DR. MUHAMMAD SALEEM
Principal
Sheikh Zayed Medical College / Hospital
Rahim Yar Khan

Copy forwarded for information and necessary action to:

1. Chairman Institutional Admission Committee, SZMC, Rahim Yar Khan, (with direction strictly arrangements according to UHS SOPs)
2. Chairman Institutional Medical Board, SZMC/H, Rahim Yar Khan.
3. Medical Superintendent, Sheikh Zayed Hospital, Rahim Yar Khan.
4. The Director Finance, SZMC, Rahim Yar Khan.
5. The Director Security, Sheikh Zayed Medical College, Rahim Yar Khan.
   You are requested to kindly depute **two (02) security guards (one male & one female) in the Admin Section** during the admission process. Furthermore, please issue strict directions to the security staff deployed at the **main entry gate** to remain courteous and properly guide and facilitate the newly admitted students and their parents.
6. The Director Students Affaire, SZMC, Rahim Yar Khan.
7. Superintendent Students Section, SZMC, Rahim Yar Khan.
8. Notice Board / Official Website of Sheikh Zayed Medical College, Rahim Yar Khan.

ANNEXURE-I

SURETY BOND (Specimen)

(To be submitted in the college where the candidate is admitted on minimum Rs.50/- stamp paper for admission against under developed districts' seats)

1. It is certified that Mr./Ms. _____ S/O, D/O,_____is a permanent resident of district_____.
2. I (student) solemnly declare that if admitted in MBBS/BDS against reserved seats of district_____, I will serve in my district for five years after graduation or in default I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by me at the time of admission.
3. I (father) solemnly declare that the statement made above by my son/daughter is true and in case of violation the candidature/admission of my son/daughter will be cancelled.
4. I (father) solemnly declare that after graduation, my son/daughter will serve in the district_____for five years and in case of violation I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by him/her.

Witness-I:

_____
Signature of the candidate

_____
Name of the candidate

Witness-II:

_____
Signature of the father/guardian

Name of the father / guardian

ANNEXURE-II

EDUCATION VERIFICATION CERTIFICATE FOR ADMISSION IN MBBS/BDS ON UNDER-DEVELOPED DISTRICTS' SEATS

Name of Candidate: _____

Father/Guardian Name: _____

District of Domicile: _____

CNIC # of Candidate: _____

Sr. No.	Class/ Grade	Name of Institution	Years during which the applicant remained in the Institution	Name, Sign, and Stamp of Headmaster/ Principal of Institution
1.	**1 – 5**			
2.	**6 – 8**			
3.	**9 – 10**			
4.	**11 – 12**			

Verified by District Authorities

CEO
(District Education Authority)
Name & Stamp:

Director of Education (Colleges)
Name & Stamp:

Deputy Commissioner *(Relevant Under-Developed District)*

ANNEXURE-III

CHOLISTAN CERTIFICATE

(To be provided on Official Letter Head of Cholistan Development Authority, Bahawalpur and to be submitted by the candidate after scanning with his/her online application)

No._____

Dated: _____

It is certified that antecedents reported below are correct and duly verified by our field staff:

Name of Candidate: _____

Father's Name: _____

CNIC #: _____

Resident of (Full Postal Address): _____

_____

Cholistani by Birth		Actual Residence in Cholistan	
Verified	**Not Verified**	**Verified**	**Not Verified**

Remarks (if any): _____

_____

Managing Director
Cholistan Development Authority
Bahawalpur

ANNEXURE-V

AFFIDAVIT (Specimen)

(To be submitted in the college where the candidate is admitted on minimum Rs.50/- stamp paper by a candidate previously admitted in any medical/dental institute of the country)

I, Mr/Ms._____S/D/O_____

CNIC # _____solemnly declare that I am admitted in_

_____year class of MBBS/BDS in(Name of the college),_____

_____(City)_____ Session 2026-27. However, I am desirous of getting admission ina Government Medical/Dental Institution of the Punjab on merit.

I solemnly pledge that if offered admission to First Year class of a Government Medical/Dental Institution of the Punjab for the Session 2026-27, I will forgo my previous admission, any credit of examinations passed and previously paid dues.

I also declare that I have not been expelled/debarred for admission under any provision of the prospectus.

_____
Signature of the candidate

_____
Name of the candidate

_____
Signature of the father/guardian

_____
Name of the father / guardian

Verification by Principal of the College

Sign:_____

Name:_____

Official Stamp: _____

Date: _____

Surety Bond (Specimen)

(to be submitted on stamp paper by every medical student at the time of admission)

I _____(Surety) F/o_____(student) Resident of _____ CNIC No._____

Stand surety for Mr._____(Student/ candidate):

- That I (student) solemnly declare that if I am admitted in MBBS against my nomination I shall serve Government of the Punjab, Health department as "Probationary Medical Officer/ Woman Medical Officer" in the Primary Healthcare facilities for a period of one year after completing the foundation year / house job. In case I shall fail to fulfill the commitment, I shall be liable to pay Rs.03 million to the Government of the Punjab.
- I (father/ surety) solemnly declare that the statement made above by my son/ daughter/ ward is true and in case of violation I will be liable to pay Rs.03 million to the Government of the Government of the Punjab.

_____	_____
Signature of candidate (Student)	Signature of Father (Surety)
_____	_____
_____	_____
Witness-I	Witness-II

AFFIDAVIT No. 2 (Specimen)

(To be typed on E-Stamp Paper worth Rs.100/-)

I, Maham Fatima, do hereby solemnly affirm and declare as under:

1. That all the particulars mentioned by me in the admission form and **SZMC Digitalization Portal session 2025–2026** are **true and correct** to the best of my knowledge and belief. I fully understand that if any statement made in the application or any document produced by me is found to be incorrect, false or fake, I shall be liable for refusal of admission to SZMC, or if admitted, I shall be liable to be expelled from the institution (SZMC) at any time during the course of my studies. In such case, all fees and other dues paid by me shall stand forfeited and I shall also be liable to any further departmental or legal action as deemed fit by the Government.

2. That I am **not already admitted** to any medical/dental institution of the country, and if already admitted, I shall forgo my earlier admission and apply afresh.

3. That if admitted, I shall abide by the **discipline, rules and regulations of the institution (SZMC)** as enforced at present and as may be framed from time to time by the authorities of SZMC. I shall concern myself only with academic activities and such extracurricular activities as are allowed by the institution for the healthy growth of body and mind. I further undertake that I shall not take part in any political activity or agitation, nor shall I become a member of any student wing of political, sectarian or caste-based parties of Pakistan. In matters of discipline, the decision of the Head of the Institution (SZMC) shall be final and binding upon me and I shall not challenge such decision in any court of law. I shall be regular in paying the institution's dues and punctual in attending classes and shall not absent myself from teaching programmes without prior permission of the competent authority.

4. That so long as I remain a student of the institution (SZMC), I shall not do anything, either inside or outside the institution, hostels or hospital premises, which may interfere with its orderly administration and discipline or bring the institution (SZMC) or its administration into disrepute.

I further declare that if I violate any of the above conditions, I shall be liable to appropriate punishment(s) as prescribed in the prospectus of the Government medical/dental institutions of the Punjab.

Signature of the Candidate: _____

Name of the Candidate: _____

Address: _____

Dated: _____ **Phone:** _____

Signature of Father/Guardian: _____

Father/Guardian Name:

C.N.I.C No.

Contact Number:

Medical certificate

TO WHOM IT MAY CONCERN
(With the subject to admission in MBBS)

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 MBBS degree.

Dr. Name:_____

PMDC Reg.#_____

Sign and Stamp:_____Dated:_____

OFFICE OF THE PRINCIPAL
/ HEAD OF INSTITUTIONS
SHEIKH ZAYED MEDICAL COLLEGE, SHEIKH ZAYED HOSPITAL,
H.H. SH. KHALIFA INSTITUTE OF ALLIED HEALTH SCIENCES AND HEALTH CARE CENTER,
COLLEGE OF NURSING, SHEIKH ZAYED MEDICAL COLLEGE,
PILOT PROGRAM FOR HUB & SPOKE MODEL AT ZAHIR PIR, RAHIM YAR KHAN.
Ph.# (068) 9230161, (068) 9230164
E-mail: info@szmc.edu.pk www.szmc.edu.pk

Required Bio-Data of Admitted Student for U.H.S Registration.

Affix a Photo (not old more than six month).

Note. If any student has done F.Sc from other than Punjab, NOC must be submitted.

Note. Matriculation and F.SC must be submitted after verification from the concerned board. (If any student has not done the verification yet, submit as soon as possible).

In which admission list you have been selected:_____.
(If upgraded then write college name)

Student Name: (according to matric spelling)

Student CNIC/Passport: _____-_____-_____

Gender:

Father's Name: (according to matric spelling)

Father's CNIC/Passport: _____-_____-_____

Date of Birth: (student)

Seat Category: (Open Merit/UDD, etc.)

Student Type: (Local/Foreigner)

Domicile District: (if foreigner then write country name)

Student Contact Number: (only student personal number write here)

MDCAT/SAT/NTS (number with roll no.)

Father's Contact Number: (only student father number)

Mother's Contact Number: (only student mother number)

Guardian Contact Number:

Father/Guardian Occupation

Monthly/ Annually Income (with all sources)

Postal Address:

Permanent Address:

Student Signature: _____ **Date:** _____

Father's/Guardian Signature: _____

Scanned with CamScanner

OFFICE OF THE PRINCIPAL /
HEAD OF INSTITUTIONS

Sheikh Zayed Medical College, Sheikh Zayed Hospital,
H.H. Sheikh Khalifa Institute of Allied Health Sciences & Healthcare Centre, College of Nursing, Sheikh Zayed Medical College, Rahim Yar Khan.
Pilot Programme for Hub & Spoke Model At Zahir Pir, Rahim Yar Khan.
Ph.#. 068-9230161,068-9230164,
Email: szmcadmn@gmail.com Website: www.szmc.edu.pk

Ref. No. 7093 /ACC/SZMC Dated 11 - 11 /2026

SCHEDULE OF FEE

(SESSION, 2026-27)

All the students of **M.B.B.S**, Sheikh Zayed Medical College, Rahim Yar Khan are hereby directed to deposit their **Fee and other Dues** for their academic session **2026-27**, according to the schedule, detail given below: -

The Class wise details of Fee / Dues.

DETAILS	1st Year MBBS	2nd Year MBBS	3rd Year MBBS	4th Year MBBS	5th Year MBBS
Admission Fee	200	0	0	0	0
Tuition Fee	50,000	50,000	50,000	50,000	50,000
Miscellaneous Charges	2,830	630	830	630	730
UHS Registration Fee	10,000	0	0	0	0
PM & DC Registration Fee	7,000	0	0	0	0
Student Activity Fee.	22,000	22,000	22,000	22,000	22,000
Student Security Fee.	5,000	0	0	0	0
TOTAL:	**97,030**	**72,630**	**72,830**	**72,630**	**72,730**
FOR BOARDER STUDENTS ONLY					
Student Mess Advance Fee.	5,000	0	0	0	0
Hostel Fee.	38,000	38,000	38,000	38,000	38,000
Transport Charges	3,000	3,000	3,000	3,000	3,000
Servant Charges.	1,200	1,200	1,200	1,200	1,200
TOTAL:	**47,200**	**42,200**	**42,200**	**42,200**	**42,200**
Grand Total	**144,230**	**114,830**	**115,030**	**114,830**	**114,930**

It is directed that the fee for the academic session 2026-27 may be deposited within stipulated time period, strict compliance be assured in this regard.

(Prof. Dr. Muhammad Saleem)
Principal
Sheikh Zayed Medical College/ Hospital
Rahim Yar Khan

CamScanner
Scanned with CamScanner