

**Rahbar College of Dentistry**  
**Student Biodata and Consent Form**

**Student Information**

Full name: \_\_\_\_\_

S/O, D/O: \_\_\_\_\_

Session: \_\_\_\_\_

**Contact Details:**

Personal Cell / WhatsApp #: \_\_\_\_\_

Parent Cell / WhatsApp#: \_\_\_\_\_

Emergency contact #: \_\_\_\_\_

Merit Score and Standing: \_\_\_\_\_

Domicile: \_\_\_\_\_

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

Student CNIC: \_\_\_\_\_

Parent CNIC: \_\_\_\_\_

DOB: \_\_\_\_\_

Religion: \_\_\_\_\_

Nationality (Dual if any): \_\_\_\_\_

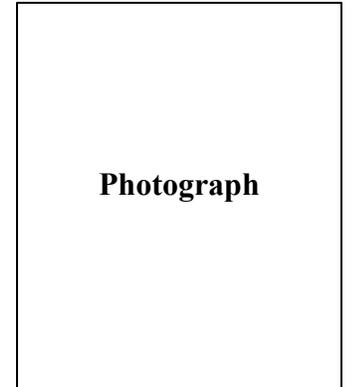
Present Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Hostelite / Day Scholar: \_\_\_\_\_



Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Admission form is available at RCoD website [www.rcod.com.pk](http://www.rcod.com.pk) /RCoD Student' Section Admission Office.

- The candidate shall submit the required documents to the Students' Section Admission office in **two separate button files**: one containing original documents and the other containing photocopies.

### Documents Required

Ser	Documents Required	Nos of Copies / Qty
1	Matric / SSC and Fsc / HSSC mark sheet and certificate issued by concerned BISE duly attested by IBCC	1 each
2	Photographs Passport Size with white background (Student should write name at back side of the photographs)	10
3	Photocopies of Matric / O Level with IBCC Equivalence	08
4	Photocopies of Fsc / A Level / High School Diploma with IBCC Equivalence	08
5	Photocopies of Transcript of O and A Level / High School Diploma	06
6	Photocopies of result of UHS MDCAT	06
7	Photocopies of Domicile of Student	06
8	Photocopies of Passport for Foreign Students (if applicable)	06
9	Photocopies of CNIC of Student (Both Sides, Full Page of A-4 size)	06
10	Photocopies of CNIC of Father / Guardian (Both Sides, Full Page)	06
11	Photocopy of Fee Deposited Voucher issued by Accounts Department RCoD	01
12	Original Migration Certificate, if required	01
13	Personal Bio data form (To be filled online and downloaded from RCoD official Website, duly signed by Student & Father / Guardian)	01
14	Undertaking (Specimen to be downloaded from Official Website of RCoD & printed on Paper, duly countersigned by the Parent / Guardian)	01
15	Physical Fitness Certificate by a Registered Medical Practitioner	01

**Rahbar College of Dentistry**

**Permission Slip to Attend the Class (BDS 1<sup>st</sup> Year)2025-2026**

**Student Information**

- Name \_\_\_\_\_
- S/O, D/O \_\_\_\_\_
- Personal mobile # \_\_\_\_\_
- Parents mobile # \_\_\_\_\_
- Address \_\_\_\_\_

**Original documents provided**

- Matric/O -levels (IBCC Attested)
- FSC/A- levels (IBCC Attested)
- Domicile
- Migration certificate (If any)

**Remarks** \_\_\_\_\_

**Authorized Signatures**

**Signed by:**

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

Designation: \_\_\_\_\_

Signature/Stamp: \_\_\_\_\_

**Received By:**

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**Rahbar College of Dentistry**

**Student File**

**Note:** 2 Button files are required at the time of document Submission

<b><u>Student Name</u></b>	<b><u>Student Name</u></b>
<b><u>Original Documents</u></b> <ul style="list-style-type: none"><li>• Matric/O -levels (IBCC Attested)</li><li>• FSC/A- levels (IBCC Attested)</li><li>• Domicile</li><li>• Migration certificate (If any)</li></ul>	<b><u>Photocopies Documents</u></b> <ul style="list-style-type: none"><li>• Matric/O -levels (IBCC Attested) (08)</li><li>• FSC/A- levels (IBCC Attested) (08)</li><li>• Domicile (06)</li><li>• Photographs (20)</li><li>• CNIC Student (06)</li><li>• CNIC Parent (06)</li><li>• UHS MDCAT (06)</li><li>• Undertaking stamp paper (01)</li><li>• Fee voucher copy (01)</li><li>• Vaccination certificate (01)</li><li>• Physical Fitness Certificate (01)</li></ul>