



S.No. _____

AL HAMD INSTITUTE OF PHYSIOTHERAPY & HEALTH SCIENCES

APPLICATION FOR ADMISSION

PASTE YOUR
PHOTOGRAPH

PLEASE FILL ALL FIELDS WITH CORRECT INFORMATION:

NAME OF APPLICANT: _____
(BLOCK LETTERS)

FATHER'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

CNIC/B.FORM/PASSPORT NO.: _____

NATIONALITY: _____ RELIGION: _____

GENDER: M F MARITAL STATUS: MARRIED UNMARRIED

PHONE NO.: _____ CELL NO.: _____

EMAIL ADDRESS (ACTIVE): _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

EDUCATIONAL DETAILS:

DEGREE/PROGRAM	INSTITUTE/SCHOOL/COLLEGE	BOARD	PERCENTAGE	YEAR OF PASSING

PLEASE PROVIDE CORRECT INFORMATION OF PARENT/GUARDIAN (MANDATORY)

NAME OF PARENT/GAURDIAN: _____

CNIC/PASSPORT NO.: _____ RELATIONSHIP: _____

OCCUPATION: _____ DESIGNATION: _____

ORGANIZATION: _____ DEPARTMENT: _____

RESIDENTIAL ADDRESS: _____

OFFICE ADDRESS: _____

PHONE NO.: _____ CELL NO.: _____

EMAIL ADDRESS (ACTIVE): _____

DETAILS OF EMERGENCY CONTACT PERSON:

NAME: _____

PHONE NO.: _____ CELL NO.: _____

RELATIONSHIP: _____

ADDRESS: _____

DECLARATION:

I, _____ S/D/W/o _____

SOLEMNLY DECLARE THAT THE ABOVE-MENTIONED INFORMATION IS CORRECT AND COMPLETE IN ALL REGARDS TO THE BEST OF MY KNOWLEDGE. IN CASE OF ANY MIS-INFORMATION, MY ADMISSION MAY BE CANCELLED.

APPLICANT'S SIGNATURE

PARENT/GAURDIAN'S SIGNATURE

DATE OF SUBMISSION: _____