



APPLICATION FOR PARAMEDICAL COURSES

Paste a passport size
picture here

Form No. _____

Full Name: _____

Father's Name _____

Gender: Male / Female

Date of Birth _____

Personal contact _____

Nationality (According to Passport) _____

Place of Birth _____

CNIC NO. /B. Form:

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Current Residential Address: _____

Permanent Address (if different from above): _____

Father's/ Guardian's Name: _____

Occupation _____

Office phone no: _____

Residence: _____

Cell No. : _____

E-mail Address: _____

Office Address: _____

Contact in case of Emergency?

Name: _____

Relation to Applicant: _____

Phone _____

Cell: _____

Blood Group _____

Any known drug/food allergy Yes / No If Yes then mentions.

Academic Record:

Examination	Year	Marks	Institution Name
Matriculation(science)			
F.sc.			
(Premedical optional)			

Marks in: Physics: _____, Chemistry: _____, Biology _____

Preference of Discipline 1) _____ 2) _____

Category: Tick any one

- | | |
|-----------------------------------|----------------------------------|
| 1) Dispenser | 5) Medical Laboratory Technician |
| 2) Radiology & Imaging Technician | 6) Operation Theatre Technician |
| 3) Dental Technician | 7) Physiotherapy Technician |
| 4) Dialysis Technician | 8) Ophthalmic Technician |

INSTRUCTIONS:

Name of the candidate must as per CNIC and Matriculation Certificate.

Please attach attested 5 photocopies of the following:

- 1) CNIC/Form-B (candidate & parents five copies each)
- 2) Domicile Five Copy
- 3) All academic documents (copy of Matric) 5 Copy
- 4) Please attach 10 recent colored sky blue background photographs.

In case of any fake documentation the institute has power to cancel the admission at any time.

- 5) Verification Token copy
- 6) Vaccination Card copy
- 7) Original Matric Certificate + Domicile

DECLARATION

I Mr. /Miss/ Mrs. _____ son/Daughter of _____

An applicant for admission to Abdul Waheed Institute of Allied Health Sciences,

Solemnly affirm and declare that the above information provided by me is correct.

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Applicant's Sign _____

Parents/Guardian Sign _____

Date _____