RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL

RAHIM MEDICAL INSTITUTE AND ALLIED HEALTH SCIENCES

1 Passport size Picture

Email: Info@Rahimmedicalcentre.com, **Whatsapp**: +92334-9281219

Student Training/Internship Form **Dated: _____**

CANDIDATE'S PERSONAL DATA

Applicant's Name:(In Block Letter's)_____

Date of Birth:_____ Nationality:_____ Cell No: _____

CNIC or FormB:_____ Passport No:_____ Email:_____

Present Postal Address:_____

_____

Permanent Address:_____

_____

CANDIDATE'S FATHER DATA

Father Name:_____ Status: Alive: ☐ Deceased: ☐

CNIC:_____ Occupation:_____

Cell Number:_____ Email:_____

CANDIDATE'S ACADEMIC RECORD

Qualification	Marks Obtained	Total Marks	Passing Year	Board/Institute
SSC				
LHV/ Equivalence				
BS Allied Health Science				

FOR OFFICE USE ONLY

Discipline Admitted in_____ Conditionally_____ YES ☐ NO ☐

Tuition Fee Paid with Receipt No:_____ Dated:_____ Amount in Rupee: _____

Discipline Number allotted to Student_____ YES ☐ NO ☐

DIRECTOR EDUCATION_____

REQUIREMENT:

Photocopies of the following documents are required with application form

- ☐ Ssc Dmc/Equivalence
- ☐ Ssc Certification
- ☐ LHV/BS Allied Health Science Degree / Transcript
- ☐ Computerized National Identify Card/ Form
- ☐ Three Color Passport Size Photo
- ☐ Domicile

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Student Signature _____

CONFIDENTIAL

ADDRESS: Main GT Road opposite BRT Stop Hashatnaghry Peshawar KP Pakistan,