

**ADMISSION FORM**

(The form should be filled in Block letters)

**Note:** Please read the instructions given in the admission policy in the prospectus and on the backside of application form before filling this form

**Course Applied:**

**Date of Admission**

Please fill up the form and (Tick)

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- Three Months Certificate in Basic Ultrasound  
 Six Month PG Diploma In Ultrasound

**CANDIDATE PERSONAL DATA**

**Applicant's Name: (In Block Letter's)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **WhatsApp No:** \_\_\_\_\_

**CNIC or Form B:** \_\_\_\_\_ **Passport No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Present Postal Address:** \_\_\_\_\_

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

**CANDIDATE'S FATHER DATA**

**Father Name:** \_\_\_\_\_ **Status:** **Alive:**  **Deceased:**

**CNIC:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CANDIDATE'S ACADEMICS RECORD**

Qualification	Marks Obtained	Total Marks	Passing Year	Board/Institute
SSC				
LHV,CNA,CMW				
BS Allied Health Sciences				
MBBS/Others				

**ADMISSION REQUIREMENTS;**

**Photocopies of the following documents are required with application form**

- Ssc Dmc/Equivalenc
- Ssc Certification
- Fsc Certificate
- Computerized National Identify Card /Form B
- One Color Passport Size Photo
- LHV/CNA/CMW/MBBS/others Photocopies

**FOR Admission Office USE ONLY**

**Discipline Admitted in** \_\_\_\_\_ **Conditionally** \_\_\_\_\_ **YES**  **NO**

**Dated:** \_\_\_\_\_ **Discipline Number allotted to Student** \_\_\_\_\_

**Admission Confirm** **YES**  **NO**

**Remarks of Ultrasound Coordinator** \_\_\_\_\_

**For Finance Department USE ONLY**

**Tuition Fee Paid with Receipt No:** \_\_\_\_\_ **Total Amount in Rupee:** \_\_\_\_\_

**First Instalment Payment** \_\_\_\_\_ **Bank Receipt Number** \_\_\_\_\_ **Dated:** \_\_\_\_\_ **Paid by** \_\_\_\_\_

**Second Instalment Payment** \_\_\_\_\_ **Bank Receipt Number** \_\_\_\_\_ **Dated:** \_\_\_\_\_ **Paid by** \_\_\_\_\_

**Third Instalment Payment** \_\_\_\_\_ **Bank Receipt Number** \_\_\_\_\_ **Dated:** \_\_\_\_\_ **Paid by** \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_ **Clear:** \_\_\_\_\_ **Unclear:** \_\_\_\_\_ **Dated:** \_\_\_\_\_