

## *Application for Admission to Paramedical Course*

Paste one  
passport size  
photograph  
**without**  
attestation

Name of Government Paramedical Institution: \_\_\_\_\_

<b>Category applied for:</b> <i>(Please tick only <u>one</u>)</i>	Public Health Technology	Medical Lab Technology	Operator Theater Technology	Radiography & Imaging Technology
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**If applying for more than one categories, what is your first choice?**

**Name of applicant:**  
(in block letters) \_\_\_\_\_

**Father's Name:** (in block letters) \_\_\_\_\_

**Date of Birth:**

Date	Month	Year

**CNIC/ B-Form Number**  
(NADRA):

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**Domicile District:** \_\_\_\_\_

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

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

**Mobile No.:**

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Qualification:	Matric	Total Marks	Marks Obtained	Percentage	Marks Science Subjects		Aggregate Percentage Science Subjects
					Physics		
					Chemistry		
					Biology		
					<i>Total:</i>		
<b>FSc (Pre-Medical) (Optional)</b>							

**Signatures of Applicant:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Attested copies of documents attached:** *(Please tick the relevant Box)*

**A. Compulsory:**

i) Matric Certificate		ii) CNIC/ B-Form		iii) Domicile Certificate	
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**B. Optional:**

- i) FSc Certificate
- ii) Hafiz-e-Quran certificate issued from government approved Madrassa
- iii) Disability certificate - *from Govt Hospital (in case of any physical disability)*

**Application for Admission to Dispenser Course**

Paste one  
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**without**  
attestation

Name of Government Paramedical Institution: \_\_\_\_\_

Name of applicant:  
(in block letters)

\_\_\_\_\_

Father's Name: (in  
block letters)

\_\_\_\_\_

Date of Birth:

Date		Month		Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CNIC/ B-Form Number  
(NADRA):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Domicile District:

\_\_\_\_\_

Permanent Home  
Address:

\_\_\_\_\_  
\_\_\_\_\_

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Qualification:

Matric	Total Marks	Marks Obtained	Percentage	Marks Science Subjects		Aggregate Percentage Science Subjects
				Physics		
				Chemistry		
				Biology		
				Total:		
FSc (Pre- Medical) (Optional)						

Signatures of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Attested copies of documents attached:** (Please tick the relevant Box)

**A. Compulsory:**

i) Matric Certificate	<input type="checkbox"/>	ii) CNIC/ B-Form	<input type="checkbox"/>	iii) Domicile Certificate	<input type="checkbox"/>
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**B. Optional:**

i) FSc Certificate

ii) Hafiz-e-Quran certificate issued from government approved Madrassa

iii) Disability certificate - from Govt Hospital (in case of any physical disability)