TWO PICTURES

ADMISSION FORM FOR PUBLIC HEALTH SCHOOL

Form No._____

Section 1:

Name as in Matric Certificate_____ _____

Daughter /Wife of _____

Marital Status single		Married		Other	

Father's/Husband Occupation _____

Date of Birth_____ Nationality_____

Religion_____Domicile_____

Address_____

_____

Contact No: (Father)_____Guardian_____Candidate_____

CNIC_

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Section 2:

Examination	Year	Obtained Marks	Total Marks	Grade	School/College/Attended last
Matric (Science)					
FSC (Pre-Medical)					

Section 3:

I hereby certify that the entries made in this application form are correct and I promise to abide by the rules and regulations of the institute and also to comply with the order of the authorities issued from time to time.
I confirm that admission in the school is provisional and is subject to cancellation if any irregularity is found in my admission form/documents.

Date _____ Applicant Signature: _____

I certify that, I, being father / Husband / Guardian, hereby certify that daughter /wife is applying for admission with my prior permission and I will be responsible for her behavior and financial expenses of the course / boarding and lodging.

Date_____ Father /Guardians Signature _____