

PARAMEDICAL INSTITUTE OF MEDICAL TECHNOLOGIES

PROVINCIAL HEALTH SERVICES ACADEMY
KHYBER PAKHTUNKHWA



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ADMISSION FORM (MORNING SHIFT SPRING SESSION 2026-28)

Apply to

(Please tick ✓ your desired category, candidate must submit individual form and challan of Rs. 500/- for each category apply). A form marked with multiple categories will not be entertained.

Fresh Inservice Disable Minority Non Catchment Area

For applicant applying on reserved quota, tick your category.

KP Health Deptt: Employee Son Paramedic Son PHSA Employees Son

PERSONAL INFORMATION:

Note: Fill the form carefully in block letters and submit to concerned institute

Applicant Name:

Father / Husband Name:

D.O.B (as per SSC record): ___ / ___ / ___ Domicile: _____ Nationality: _____

C.N.I.C/Form-B of the candidate: _____ Contact No: _____

Permanent Address: _____

Current Address: _____

Guardian Name: _____ Relation with applicant: _____

Guardian Contact: _____ Email of applicant: _____

EDUCATIONAL DETAILS:

CERTIFICATE / DEGREE	Name of Examining Body Board / University	Name of School / College	Year of Passing	TOTAL MARKS	OBTAINED MARKS
Matric with Science (SSC)					
FSc (Pre-Medical)					
Medical Faculty Certificate					
Hafiz-e-Quran					

