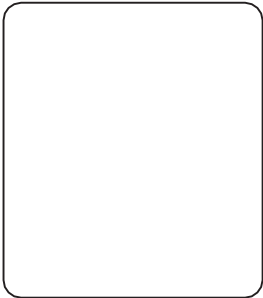


ADMISSION FORM



Admission Semester: _____ Year _____

Note: To be filled by the applicant himself/herself.

Applicant's Name: _____
(As Per SSC)

Applicant's CNIC No. [] [] [] [] [] [] [] [] - [] [] [] [] [] [] - [] []

Applicant's Date of Birth [] [] [] - [] [] [] - [] [] [] Gender Male Female

Father's / Guardian's Name: _____

Father's / Guardian's CNIC No. [] [] [] [] [] [] [] [] - [] [] [] [] [] [] - [] []

Postal Address (Permanent): _____
(As per CNIC)

Postal Address (Current): _____
(As per CNIC)

Applicant's Contact # _____ E-mail: _____

Father's /Guardian's Contact # _____

In case of emergency, Contact # _____ Relationship: _____

S.No.		Year			
1	SSC/O-levels				
2	FA/FSc/A-levels				
3	BA/BSc/BS				
4	MA/MSc (16 year education)				
5	MS/M-Phil				
6	Other (If any)				

Undertaking

1. All of the above information in this form is correct to the best of my knowledge. I will be fully responsible for any invalid information provided.
2. I fully understand and agree that any fee deposited by me will not be refundable or adjustable.

Date: _____

Signature of Applicant/Guardian _____

PROGRAM APPLIED FOR

Undergraduate Programs

- | | | |
|---|--|---|
| <input type="checkbox"/> BS Civil Engineering | <input type="checkbox"/> BSc Civil Engineering Technology | <input type="checkbox"/> Doctor of Pharmacy (Pharm-D) |
| <input type="checkbox"/> BS Electrical Engineering | <input type="checkbox"/> BSc Electrical Engineering Technology | <input type="checkbox"/> Doctor of Physical Therapy (DPT) |
| <input type="checkbox"/> BS Software Engineering | <input type="checkbox"/> Bachelors in Business Administration | <input type="checkbox"/> BS Human Nutrition and Deictics |
| <input type="checkbox"/> BS Computer Science | <input type="checkbox"/> BS Accounting and Finance | <input type="checkbox"/> BS Radiology Technology |
| <input type="checkbox"/> BS English (Language and Literature) | <input type="checkbox"/> BS Media and Communication Studies | <input type="checkbox"/> BS Medical Lab Technology (MLT) |
| <input type="checkbox"/> BS Psychology | | <input type="checkbox"/> BS Operation Theater Technology |
| | | <input type="checkbox"/> BS Vision Sciences |

Other Program: _____

★ You may give any three preferences

Graduate Programs

- | | | |
|--|--|--|
| <input type="checkbox"/> MS Civil Engineering | <input type="checkbox"/> MS Project Management | <input type="checkbox"/> MS Biochemistry |
| <input type="checkbox"/> MS Electrical Engineering | <input type="checkbox"/> MS Data Science | <input type="checkbox"/> M.Phil. Microbiology |
| <input type="checkbox"/> MS English Linguistics | <input type="checkbox"/> MS Computer Science | <input type="checkbox"/> MS Management Science |

Other Program: _____

Who Shall Pay for your Education?

- Parent Guardian Self Other: _____

Documents to be Attached

The following documents are required to be submitted along with the admission application form:

- Mark sheets of all previously completed academic work.
- If a candidate has completed previous academic work from another education system, an equivalence certificate from the Inter Board Committee of Chairman (IBCC) is required within two months of the admission offer.
- 4 Passport size photographs.
- Copy of computerized National Identity Card/ Form B

For Office Use

Recommendation of Admission Committee

Scholarship Recommended: _____

Comments: _____

Signature: _____ Date: _____

Admission Office

Amount Received: _____

Receipt No: _____

Comments: _____

Signature: _____ Date: _____