



INSTITUTE OF ALLIED HEALTH SCIENCES,
RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI.

4 Year Programme (Bsc. Hons.)

Medical Lab Technology

FOR OFFICE USE ONLY

Registration No _____

Application No _____

Session _____

Name of Applicant: _____

CNIC No: [][][][][][] - [][][][][][] - [][][][][][]

Father's Name: _____

CNIC No: (Father) [][][][][][] - [][][][][][] - [][][][][][]

Date of Birth _____

Sex: Male Female

Marital Status: Married Unmarried

Domicile _____

Nationality: _____

Present Mailing Address: _____

Permanent Address: _____

Phone No: (Res) _____

Candidate Cell # _____

E-mail: _____

Father/Guardian Cell # _____

ACADEMIC QUALIFICATION

Certificate / Diploma	Institute Attended	Board / University	Grades / Marks	Passing Year
Matriculation				
F. Sc / Equivalent				
Any other Qualification				

(Please Attach Attested Photocopies of the all Supporting Documents)

We undertake that all above information are correct and liable to prosecution if found wrong.

Signature of Applicant

Signature of Father/Guardian

Paste One
Photograph