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

4 Year Programme (Bsc. Hons.)	
Orthotics & Prosthetics	

FOR OFFICE USE ONLY

Registration No_____________
Application No _____________
Session____________________

Name of Applicant: ____________________

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

Paste One Photograph

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