	Apj	plicati	on for	Adm	nissio	n to	Par	ame	edica	l Coi	urse			Paste or passport s	_
Name of Government Para	amedica	al Institu	tion:											photogra withou	-
Category applied	Publi	ic Health	M	edical La	ab	Оре	rator 1	Theate	r	Radiogr	aphy &	Imag	ing	attestati	
for: (Please tick only <u>one</u>)	Tecl	hnology	Te	echnolog	gy	Т	echno	logy		T	echnolo	gy			
If applying for more t categories, what is yo choice?															
Name of applicant:															
(in block letters)															
Father's Name: (in block letters)															
Date of Birth:	Date			Month	n			Year							
CNIC/ B-Form Number (NADRA):					-								-		
Domicile District:															
Permanent Home Address:															
Postal Address:															······································
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Qualification:	Matric		Tota Mark		Marks Obtained		Percentage		Marks Scier Subjects			Aggregate Percentage			
									Physics Chemistry			Science Subjects			
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			Sign	natur	es of	Арр	lican	t:							
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Attested copies of c	locum	nents a	attache	ed: (Pleas	se tic	k th	e re	levar	nt Bo	x)				
A. Compulsory:				,											
i) Matric		ii) CN	NIC/ B-			i	ii) D	omi	cile						
Certificate		Form	-				•	ifica							
B. Optional:	<u> </u>	1													
i) FSc Certifica ii) Hafiz-e-Qura	n cert				_			-	-						
iii) Disability cei	rinca	ie - <i>Jrc</i>	ırıı GOV	ι H03	sμιτα	ı (ın	Luse	OJ (лпу р	rrySt	cui d	isal	JIIITY)		

	Applicat	ion for A	dmission t	to <u>Dispenser</u>	Course		Paste one passport size
Name of Government Para	amedical Institut	ion:					photograph without
Name of applicant: (in block letters)							attestation
Father's Name: (in block letters)							
Date of Birth:	Date	Moi	nth	Year			
CNIC/ B-Form Number (NADRA):			-			-	000000
Domicile District:							
Permanent Home Address:							
Postal Address:							
Mobile No.:							
Qualification:	Matric	Total Marks	Marks Obtained	Percentage	Marks Science Subjects Physics		Aggregate Percentage Science
					Chemistry Biology		Subjects
					Total:		
	FSc (Pre- Medical) (Optional)					<u>.</u>	4
	(-)	Signatı	ures of App	licant:			
					Date:		
Attested copies of d	locuments a	ttached:	(Please tid	ck the relevan	t Box)		
A. Compulsory:							
i) Matric	ii) CN Form	IC/ B-		iii) Domicile Certificate			
Certificate	Form			Certificate			
B. Optional:							
·	n certificate		_	nment approv case of any p		_	