



Serial No.

WAZIR MUHAMMAD INSTITUTE OF ALLIED HEALTH SCIENCES GANDHARA UNIVERSITY PESHAWAR

APPLICATION FROM FOR ADMISSION IN

ATTACH
FOUR
PASSPORT SIZE
COLORED
PICTURES

- MEDICAL LABORATORY TECHNOLOGY EMERGENCY CARE TECHNOLOGY
 DENTAL TECHNOLOGY ANESTHESIA TECHNOLOGY
 SURGICAL TECHNOLOGY MEDICAL IMAGING TECHNOLOGY

READ THE FOLLOWING INSTRUCTION CAREFULLY BEFORE FILLING THE FORM:

- A. This application form, duly completed should be submitted to the Principal office Wazir Muhammad Institute of Allied Health Sciences on or before the due date alongwith the following documents
Attested photocopies of certificates, degrees, detailed marks certificates / transcripts, domicile, CNIC, experience certificate (if any) and other relevant testimonials.
- B. Candidate already employed should submit their application forms through proper channel along with NOC issued by the competent authority.
- C. Incomplete application forms and those received after the due date will not be entertained.
- D. Fill all the columns. Write N/A if not applicable.

CNIC No.						-														
----------	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Name (IN BLOCK LETTERS): _____
2. Father's Name: _____
3. Husband's Name (if applicable): _____
4. Date of Birth:

M	M	D	D	Y	E	A	R
5. Domicile: City: _____
6. Province: _____
7. Nationality: _____
8. Marital status: _____
9. Contact No: _____
9. Guardian Cont No: _____
10. Emergency No: _____
11. Email: _____
12. Permanent Address: House No: _____

13. Present Address: House No: _____

14. Education: commencing from the Matriculation or equivalent examination:

S.N	Certificate/Degree	Board/University	Exam/ passing year	Marks/Total marks	%
1	SSC				
2	F. Sc				
3	Others				

15. Checklist of required document attached:

S. N	Document	Attached (Trick (✓) if attached)	Not applicable (trick (✓) if not applicable)
1	FOUR -Passport size recent photograph	<input type="checkbox"/>	<input type="checkbox"/>
2	Candidate's CNIC	<input type="checkbox"/>	<input type="checkbox"/>
3	Guardian's / Father's CNIC	<input type="checkbox"/>	<input type="checkbox"/>
4	SSC Certificate	<input type="checkbox"/>	<input type="checkbox"/>
5	SSC Mark DMC / Transcript	<input type="checkbox"/>	<input type="checkbox"/>
6	F.Sc Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7	F.Sc Mark DMC / Transcript	<input type="checkbox"/>	<input type="checkbox"/>
8	NOC (if Applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9	Domicile	<input type="checkbox"/>	<input type="checkbox"/>
10	Character Certificate	<input type="checkbox"/>	<input type="checkbox"/>
11	Bank draft of Rs. 1000/- on the name of Gandhara University, Peshawar	<input type="checkbox"/>	<input type="checkbox"/>

(FOR OFFICIAL USE ONLY)

Recommendation of the institute:

Mr. /Ms. /Mrs. _____
is eligible for admission to B.S _____ Programme.

Signature of the Principal

(1) _____

Signature of the member admission committee

(2) _____

(3) _____

(4) _____

Date: / / 20.....