

### Application for Admission to Paramedical Course

Paste one  
passport size  
photograph  
**without**  
attestation

Name of Government Paramedical Institution: \_\_\_\_\_

Category applied

for: (Please tick only one)

Public Health  
Technology

Medical Lab  
Technology

Operator Theater  
Technology

Radiography & Imaging  
Technology

If applying for more than one  
categories, what is your first  
choice?

Name of applicant:  
(in block letters)

Father's Name: (in  
block letters)

Date of Birth:

Date

Month

Year

CNIC/ B-Form Number  
(NADRA):

Domicile District:

Permanent Home  
Address:

Postal Address:

Mobile No.:

Qualification:

Matric

Total  
Marks

Marks  
Obtained

Percentage

Marks Science  
Subjects

Physics

Chemistry

Biology

Total:

Aggregate  
Percentage  
Science  
Subjects

FSc (Pre-  
Medical)  
(Optional)

Signatures of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Attested copies** of documents attached: (Please tick the relevant Box)

**A. Compulsory:**

i) Matric  
Certificate

ii) CNIC/ B-  
Form

iii) Domicile  
Certificate

**B. Optional:**

i) FSc Certificate ☐

ii) Hafiz-e-Quran certificate issued from government approved Madrassa ☐

iii) Disability certificate - from Govt Hospital (in case of any physical disability) ☐