SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

Application for admission

Discipline: CMW ◯ L.H.V ◯ C.N.A ◯

Roll no.
To be filled by office

Paste one recent photograph here with Gum only

Note please supply 12 more photographs in separate small envelope.

Please write in BLOCK LETTERS:

NAME OF APPLICANT: (According to secondary school certificate)
FATHER NAME: (According to secondary school certificate)

/GUARDIAN'S PROFESSION: **(According to secondary school certificate)**	**ANNUAL INCOME:**
PHONE # (FATHER):	**PHONE # (STUDENT):**
DATE OF BIRTH:	**RELIGION:**
PRESENT ADDRESS:	
PERMANENT ADDRESS:	
APPLICANT N.I.C NO:	| | | | | | - | | | | | | | - | |
GUARDIAN N.I.C NO:	| | | | | | - | | | | | | | - | |
MATRIC BOARD REGISTRATION NO:	
MATRIC BOARD NAME:	
BLOOD GROUP:	**Emergency contact #:**

EDUCATIONAL BACKGROUND:

Examination	Roll/Reg #	Year	Marks Obtained	Total Marks	Division	School/college University
Secondary School Certificate						
Intermediate						
B.A/B.Sc						
M.A/M.Sc						

SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

DECLARATION

1) I am joining the College with the consent of my father/guardian. His/ her letter of consent is attached.
2) I shall not hold the College responsible, if any damage is done to me while conducting practical's in the laboratories of the College, or its allied institutions.

3) I solemnly declare that:

a) I am not in service/am in service.
b) I am not suffering from any infectious disease.

4) I promise not to take part in anti-Islamic, anti-state, political or sectarian activities.

5) I promise to:

a) Be of good behavior
b) Work diligently and maintain the dignity and prestige of the College both in and outside the campus.

6) I further promise to pay all dues, fines if any, regularly (continuously two years/24 months and examination form may not be sent to Pakistan Nursing Council or roll number slip will not be issued till the clearance of all the dues).Exams will hold according to Pakistan Nursing Council Schedule. In Case of any delay in exams college will not responsible for this ACT.

If the candidate does not deposit college fees continuously for three months he may be struck off from the College.

7) I further promise to pay examination fee / registration fee, matric verification fee or any other related charges if any, by the Punjab Medical Faculty.

8) I hereby declare that I accept as binding on me, as long as I am a student, all Rules and Regulations, in force at the time of joining and which might be framed subsequently, I shall submit to the discipline of the College as exercised through its teachers and administrative officers.

9) I accept that if I'll be absent without prior information for more than 7days, the college has the right to struck off my name, and on this action I am not able to litigate against the action of college.

10) After this, there will be 10 days time for re-admission. After these 10 days, upon Re Admission I'll pay single admission fee to college.

11) After 20 days continuous absence, upon Re-Admission, I'll pay double admission fee to college.

12) If my absence persists from more than 20 days, my admission will be considered cancel immediately, and I'll not litigate this action of college.

13) I accept as a condition of my admission and authority of the College that a student can be required to withdraw his name from the rolls, if in the opinion of the Head /In charge of the College, his stay is not conducive to the welfare, either of himself or others in the College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off from the rolls of the College.

14) I solemnly declare that if I am at any time found to have given any wrong statement in this application form or if have willfully concealed any material fact (particularly about marks, division, previous admission to the College or employment, expulsion, conviction etc.), my name may be removed from the rolls of the College.

Dated: ----------Signature of candidate: ----------

I certify that my son/daughter/ward is seeking admission with my knowledge and consent and that the particulars given above are correct and that I hold myself responsible of his/her conduct towards the College in all respects.

Dated: ---------- Signature of Father/ Guardian's:----------

SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

IMPORTANT INSTRUCTIONS

Please attach copies of the each documents and certificates:-

Matriculation Certificate: 10

Passport Size pictures 16 (attach with form in separate small envelope Must be in uniform)

Applicant & Father/ Guardian's National Identity Card (10+02).

Domicile: 10

Character Certificate: 02

Medical Fitness Certificate

PARTICULARS OF COLLEGE DUES

Note: Fee once deposited will not be refunded.

Dated: ---------- Signature of candidate: ----------

Dated: ---------- Signature of Guardian: ----------

SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

DETAIL OF FEE

Date	Month	Installment#	Amount	Depositor name	Receiving Person

Note: Fee once deposited will not be refunded.

SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

STUDENT HEALTH CARD

Name: ----------S/o: ----------Age/Sex: ----------

Address: ----------

Mobile No#---------- Guardian Ph No: ----------

Height: ---------- Weight: ----------BMI: ----------

Blood Group: ---------- Any allergies: ----------

Any disease: ----------

On medication: ----------

Emergency PH #----------

Consultant PH no OR Information: ----------

Student Sign: ---------- Guardian Sign: ----------

MEDICAL FITNESS CERTIFICATE

SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GUJRANWALA

Name _____ S/O, D/O, W/O _____

Date of Birth _____ CNIC No | | | | | | | | | | | | | | | |

Name of course _____

Address of Applicant _____

MEDICAL EXAMINATION

_____ Is examined by me. He is physically and mentally fit for job.

Doctor Sign& Stamp: ----------

PMDC#----------