



SHARIF INSTITUTE OF ALLIED HEALTH SCIENCES GRW

Application for admission

Discipline: Dispenser ☐ Lab Tech ☐ Dialysis Tech ☐
Radiographer Tech ☐ O.T Tech ☐ Anesthesia Tech ☐

Please write in BLOCK LETTERS:

NAME OF APPLICANT:

(According to secondary school certificate)

FATHER NAME:

(According to secondary school certificate)

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.

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:

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GUARDIAN N.I.C NO:

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MATRIC BOARD REGISTRATION NO:

MATRIC BOARD NAME:

BLOOD GROUP:

Emergency contact #:

Percentage in Science Subject

Obtain Marks In: Physics

Chemistry

Biology

%age

EDUCATIONAL BACKGROUND:

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



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 Punjab Medical Faculty or roll number slip will not be issued till the clearance of all the dues). Exams will held according to Punjab Medical Faculty 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:-----



IMPORTANT INSTRUCTIONS

Please attach Number of copies of the each documents and certificates:-

Matriculation Certificate: 10

Passport Size pictures (attach with form in separate small envelope)

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: -----



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 GRW

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

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

Date of Birth _____ CNIC No

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Name of course _____

Address of Applicant _____

MEDICAL EXAMINATION

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

Doctor Sign& Stamp: -----

PMDC#-----