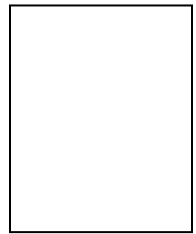




Abu Zafar Institute of Medical Sciences

45-A, Malir Township, Malir KalaBoard, Karachi

Phone # 021-34493599 Email azims.rpcon@gmail.com



Admission Form

Session _____

Admission Required in _____

(Write down the name of Course in which admission is required)

Personal Information

Name _____

Father's name _____

CNIC #

					-									-	
--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--

Male / Female _____ Date of Birth _____ Place of Birth _____

Domicile _____ Religion _____ Nationality _____

Present postal address _____

Permanent address _____

Phone # (Student) _____ (Residence) _____

E-mail Address _____

SIGNATURE OF APPLICANT

Academic Information

Examination Passed	Year	Marks	Grade	Board / University
Matriculation or Equivalent		/		
Intermediate or Equivalent		/1100		
Bachelors				
Masters				
Other				

Extra-Curricular Activities (attach separate sheet if required)

Particulars of Guardian of applicant

Guardian's Name _____

Relationship _____ Occupation _____

Name of Firm / Office _____ Designation _____

Annual Income of Father/Guardian _____

Address _____

Telephone #. Off _____ Res _____ Cell _____

Date _____

SIGNATURE OF GUARDIAN WITH NAME