



RAZI INSTITUTE OF MEDICAL SCIENCES, PESHAWAR
APPLICATION FORM FOR ADMISSION
DIPLOMA IN MEDICAL TECHNOLOGY

**Attested
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Serial No. _____ Batch: _____ Session: _____

(The form should be filled in BLOCK letters)

Note: Please read the instructions given in the prospectus carefully before filling the form. Write the name as per SSC DMC/ Certificate in your own handwriting and CAPITAL letters.

Name: _____ Father/Husband Name: _____
(As per SSC or equivalent certificate in BLOCK letters)

Date of Birth (dd/mm/yyyy): _____ Gender: _____ Male/ Female _____ Domicile:
_____ CNIC No.: _____ Nationality: _____

Mailing Address: _____

Contact No. (Tel: Res) _____ Cell: _____ Email: _____

Permanent address: _____

In case of emergency please contact: Name & Parentage: _____

Address: _____ Cell/Tel: _____

EDUCATIONAL RECORD:

Qualification (SSC & onward)	Year of passing	Total Marks	Obtained Marks	Percentage %	Grade/ Division	Name of School/College	Name of Board / University
SSC Science with Biology							
F.Sc (Pre Medical)							
Other							

Course Choice for Diploma:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Choice for shift: First shift (Morning) _____ Second shift (Afternoon) _____

Choice for Hostel Facility: Yes: _____ No: _____

DECLARATION

Mr. _____ S/o _____ solemnly declare that:

- 1: I read the prospectus carefully and provided all the information as best of my knowledge and belief.
- 2: I will abide all the rules and regulations of the institute and hostel enforced or as amended from time to time.
- 3: I will not be involved in any sort of political activities during my stay in the institute.
- 4: I will not ask for any change in the training discipline to which I'm assigned at any stage of the course.
- 5: I will not forfeit my security in case I withdraw my nomination or expulsion from the institute on discipline grounds.

Signature of Candidate