

## RAZI INSTITUTE OF MEDICAL SCIENCES, PESHAWAR APPLICATION FORM FOR ADMISSION F.Sc IN MEDICAL TECHNOLOGY

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Serial No		Batch:		Session:							
			(The for	m should be	filled in BL	OCK lette	ers)				
<b>Note:</b> Please Write the name a				given in our own hand	•	•	•	before	filling	the	form.
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(As per SSC or equi											
Date of Birth (d	d/mm/yyy	/y):			Ge	nder:	Male/	' Femal	<u>e</u>	Do	micile:
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In case of emer Address: EDUCATIONAL											
Qualification (SSC & onward)	Year of passing	Total Marks	Obtained Marks	Percentage %	Grade/ Division Name of School/Colle		ege	Name of Board / University			
SSC Science with Biology											
F.Sc (Pre Medical)											
Other											
Course Choice:		21	nd Classian		ari	d Chaire					
1 <sup>st</sup> Choice:		2	" Cnoice:		5''	Choice:			_		
Choice for Host	el Facility	: Yes:		No:	<del></del>						
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