



PAKISTAN INSTITUTE OF MEDICAL AND
MANAGEMENT SCIENCES, PESHAWAR



ADMISSION FORM
SESSION FALL/SPRING 2021

Serial No. _____

PROGRAMS: Write order of your preference (_____, _____, _____, _____)

- BS MLT (PATHOLOGY) BS RADIOLOGY TECHNOLOGY
 BS SURGICAL TECHNOLOGY DOCTOR OF PHYSICAL THERAPY

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: _____

Application Processing Fee: Amount Rs. _____ Receipt No. _____ Date: _____

EDUCATIONAL RECORD:

QUALIFICATIONS (SSC & ONWARD)	YEAR OF PASSING	ANNUAL/ SUPPLY/ MARKS IMPROVED	EXAM. ROLL NO.	TOTAL MARKS	OBTAINED MARKS	NAME OF BOARD/UNIVERSITY

Have you appeared in ETEA Entrance test: _____ (Yes / No). If yes, please provide the following information

Year	ETEA ID	Marks Obtained

I, Mr/Mrs. _____ F/H/N _____ do solemnly declare that I shall abide by the PIMMS general & admission policy in vogue. The decision of management of PIMMS shall be final.

Attach following:

Attach attested photocopies of the following documents with the application form in the following sequence:

Note: Check (√) the relevant box for the attached documents.

- Three Passport size colored photographs of the applicant attested on the back
 A copy of Computerized National Identity Card of the candidate or Computerized Form B.
 A copy of computerized National Identity Card of the father/guardian of the applicant.
 A copy of Secondary School Certificate Examination (Science/equivalent)
 Two copies of detailed Marks Certificate (F.Sc. or equivalent from Inter-Board Committee of Chairman)
 Two copies of domicile certificate
 Experience Certificate (as mentioned in the experience section) for in-service candidates.
 That I will submit affidavit certificate to Management of PIMMS upon successful admission.

Certified that the facts produced are correct to the best of my knowledge & I shall be responsible for producing any concealment of facts or falsification, fabrication of data:

Signature of the Applicant
Father/Guardian

Signature of the Applicant's with Date

For Office Use only:

Remarks/Requirements (Scrutiny Committee)

Checked by Members of Scrutiny Committee: _____ Chairman Scrutiny Committee: _____