



Bashir Para-Medical Institute (BPMI) Islamabad



A Project of

Bashir Institute of Health Sciences (BIHS) Islamabad

Simly Dam Road, Near Adil CNG, P/O Sari Chowk Bhara Kahu Islamabad

Ph: 051-2234217-8 E-mail: info@bashir.edu.pk Web: www.bashir.edu.pk

Application Form

Admission Form No: _____ College: _____

(Prior to Filling the Form, Please Carefully Read the Instructions)

INSTRUCTIONS:

1. Fill in capital letters using Black/blue Ink.
2. Incomplete admission form will not be accepted. Cutting/ over writing is not allowed.
3. Tick only one box given below in which you want to apply.
4. If you want to apply more than one program then fill the separate form.
5. Attach the attested copies of documents mention overleaf.
6. Candidate found to have made false or incorrect statement in form are liable to expulsion.

4 Passport
Size Picture

DPT	<input type="checkbox"/>	BS-MLT	<input type="checkbox"/>	BS-Emergency & Intensive Care	<input type="checkbox"/>	BS Optometry & Orthoptics	<input type="checkbox"/>
BS-Surgical (OT) Technology	<input type="checkbox"/>	BS-Dental Technology	<input type="checkbox"/>	BS-Anesthesia Technology	<input type="checkbox"/>		<input type="checkbox"/>
BS- Medical Imaging (Radiology) Technology	<input type="checkbox"/>	BS-Cardiology Technology	<input type="checkbox"/>	Post RN Nursing	<input type="checkbox"/>		<input type="checkbox"/>

PERSONAL DATA

Applicant's Name: _____
(IN CAPITAL LETTER)

Father Name: _____
(IN CAPITAL LETT)

Date of Birth ____-____-____ (DD-MM-YY) Gender: M F Religion: _____

Marital Status: Married Un Married Domicile: _____

NIC/ Form B. No: _____-_____-_____

Present Postal Address: _____

District: _____ Country: _____

Contact: Res _____ Cell: _____ Email: _____

Permanent Postal Address: _____

Post office: _____ Tehsil /sector: _____

District: _____ Country: _____

Contact: Res _____ Cell: _____ Email: _____

Guardian Name _____

Father's / Guardian's profession: _____

Contact: Res _____ Cell: _____ Office No: _____

Annual Income of Father/Guardian in Pak Rupee: _____

Educational Qualification

Degree/Diploma, Certificate	Years	Institution Attended	Board/ University	Roll No	Marks Obtained	Total Marks
F.Sc (pre-medical) or equivalent						
SSC(Science) or equivalent						

COMPLETE THE APPLICATION FORM: A CHECKLIST AFTER COMPLETION OF THE APPLICATION.

Please attach the attested photocopies of the supporting documents.

Please Tick (✓) and make sure that you have enclosed the following along with this application form for BIHS entry test.

- 1. Application form complete in all respect.
- 2. Declaration of the applicant and the parent/guardian duly signed.
- 3. Four recent passport size photographs with your name written on the back of each are attached.
- 4. Two (2) attested copies of official detailed marks certificates (DMC of SSC & HSSC, CNIC/Form B, Domicile) and father/guardian CNIC are attached.
- 5. Attested copies of academic distinctions or awards etc, if any are attached.
- 6. Undertaking of Rs.30/- on stamp paper.
- 7. Along with the pay order of Rs.1500/- in favor of Bashir Institute of Health Sciences Islamabad.

NOTE

All communication will be held on the last notified address .BIHS shall not be responsible for non-delivery of any communication if a change of address (from the one indicted on the application form) is not notified to the admission office, or for any negligence by the delivery service.

Please submit your completed application form together with the supporting documents from Monday to Saturday between, 8 AM to 3 PM before the closing date mentioned in the advertisement.

Declaration:

I hereby certify that the information given here is authentic and complete to the best of my knowledge and belief. I therefore agree to uphold all the rules and regulations and co-operative with administration.

Signature of Candidate: _____

Signature of Father/Guardian: _____

CNIC: _____

CNIC: _____

Date: _____

Date: _____

[FOR OFFICE USE ONLY]



Department: _____ Discipline: _____ Date : _____

Remarks: _____

S/A In Charge : _____ Admission In charge: _____ Chairman: _____