



HAFEEZ INSTITUTE OF MEDICAL SCIENCES, PESHAWAR

Attach 6 Photos

Passport Size

With White Background

ADMISSION FORM

Admission required :

Name (In Capital) :

Father Name:

Father Occupation : Father Source of Income:

Father Monthly Income : Source of Tuition Fee :

Gender: Male Female Date of Birth: CNIC #:

Nationality : Domicile :

Self Cell No : Emergency No:

Address :

Admission Information Sources: Newspaper Internet Friends
Broachers Old Students Sign boards

ACADEMIC RECORD

Qualification	Total Marks	Obtained Marks	Percentage	Passing Year	Roll No.	Board/University
S.S.C						
H.S.S.C						
B.A /B.Sc						
Others						

UNDERTAKING: - I solemnly declare that the information given above is correct. In case of wrong information/violation of rules of the institute (HIMS), I shall be responsible for the consequences i.e. cancellation of my admission. I am bound and will never take any action against the Institute (HIMS).

Guardian Name: _____.

Applicant Signature: _____.

Relationship with Guardian: _____.

Dated:

Guardian Contact No: _____.

Guardian Occupation: _____.

Guardian Signature : _____.

IMPORTANT INSTRUCTIONS

1. Following documents photocopies are required for admission.
 - i. **F.Sc Courses.**
S.S.C DMC and Original Migration Certificates for board to board.
 - ii. **Diploma Courses**
S.S.C DMC , S.S.C Certificate and Domicile Certificate
 - iii. **B.Sc (Hons) Programs**
H.S.S.C DMC, CNIC and Original Migration Certificate Board to University
 - iv. **Master Programs**
Bachelor DMC, CNIC and Original Migration Certificate University to University
 - v. **Short Courses Programs** (3 months, 6 months, one year and two years for TTb)
Matric DMC and CNIC
2. Passport photocopies (*for foreign Students only*).
3. Six Passport size photographs with white background.
4. *Foreign students should provide the equivalency certificate from IBBC Islamabad.*
5. *Admission fee once paid is not refundable in any case.*

FOR OFFICE USE ONLY (Not to be filled by the candidate)

Form No: _____ Batch No: _____ Dated:

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Issued By _____ Verified that prescribed admission fee has been deposited /
submitted vide *Receipt No.* _____ *Dated:*

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Admission Committee Remarks

Final Decision of the Chairman Approved Rejected Waited

Comments of the Chairman _____

Signature of Chairman