



ADMISSION FORM
Professional Institute of Medical Science
Peshawar, Khyber Pakhtunkhwa

S.No. _____

Registration No. _____

1. Select any Departments/disciplines on Priority Basis for Admission from the following List:

- i. Pharmacy ii. Anesthesia
iii. Dental iv. Surgical
v. Pathology

2. NAME OF APPLICANT (In Block Letters): _____

3. FATHER'S NAME (In Block Letters): _____

4. DATE OF BIRTH: (In fig) _____ (In words) _____ 5. DOMICILE: _____

6. GENDER: _____ 7. APPLICANT'S CNIC No: _____

8. FATHER'S CNIC No: _____ 9. BLOOD GROUP: _____

10. NATIONALITY: _____ 11. FATHER'S OCCUPATION: _____

12. RELIGION: _____ 13. ADDRESS: _____

14. PHONE NO: _____ 15. CELL NO: _____ 16. E.MAIL: _____

ACADEMIC QUALIFICATIONS

Certificate/ Degree	Board/ University	Year of Passing	Annual/ Supply	Roll No	Marks obtained	Total Marks	%age
Metric (SSC)							
Inter (HSSC)							

UNDERTAKING

I hereby certify that the information provided in this application form is correct. I undertake to abide by the rules and regulations of the Shaheed Benazir Bhutto University and the orders issued by the competent authorities from time to time. I also submit that my admission in the University is provisional and is subject to cancellation if any irregularity is found in my admission Form / Documents / Conduct etc at any stage.

Applicant's Signature

Father's / Guardian Signature

Documents (Attested photocopies of) to be attached with the Admission Form:

- (1) (DMCs) (2) Provisional (3) Domicile (4) Character Certificate (5) CNICs of the Applicant, Father/ Guardian.

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For Office use only

Admission Committee:

1 _____ 2 _____ 3 _____ 4 _____