



**Sheikh Zayed Medical College /Hospital, Rahim Yar Khan.**  
**Ph: 068-5900054-56 Fax: 068-9230428**



**APPLICATION FORM**

**FOR ADMISSION IN ALLIED HEALTH SCIENCES DEGREE PROGRAM FOR SESSION 2020-2021**

- Doctor of Physical Therapy (DPT) (5 Years)
- B.Sc.(Hons) Medical Imaging Technology (MIT) (4 Years)
- B.Sc.(Hons) Medical Laboratory Technology (MLT)(4 Years)
- B.Sc.(Hons) Operation Theater Technology (OTT) (4 Years)

Write preferences of your specialty for admission in the boxes below. Preference in different categories chosen by the candidate shall be final and cannot be changed subsequently.

First Preference	
Second Preference	
Third Preference	
Fourth Preference	

Paste  
 photograph here  
 attested from front  
 (3X3cm) with blue  
 background

- 1- Name (in block letters): \_\_\_\_\_
- 2- Father's Name (in block letters): \_\_\_\_\_
- 3- Date of Birth: \_\_\_\_\_ 4- Religion: \_\_\_\_\_
- 5- Domicile: \_\_\_\_\_
- 6- Present Postal Address: \_\_\_\_\_  
 \_\_\_\_\_
- 7- Permanent Home Address: \_\_\_\_\_  
 \_\_\_\_\_
- 8- Tel: (R) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax/E-mail Add: \_\_\_\_\_
- 9- Draft/Pay Order:  
 No. \_\_\_\_\_ Amount: \_\_\_\_\_ dated: \_\_\_\_\_
- 10- Academic details of the applicant:

Examination Passed	Board from which passed	Roll No. & Reg. No.	Year of Passing	Subjects	Marks Obtained
Matriculation					
Intermediate (Pre-Medical) /or Equivalent					

**(For Candidate)**

**(For Father/Guardian)**

Signature: \_\_\_\_\_  
 CNIC No. \_\_\_\_\_

Signature: \_\_\_\_\_  
 CNIC No. \_\_\_\_\_

**For office use only**

**Note: Documents Check List**

- 1) Matric
- 2) F.Sc(Pre Medical)
- 3) Character certificate(F.Sc)
- 4) Medical Fitness
- 5) CNIC or Form B
- 6) Domicile(Punjab),No other document/certificate in lieu of domicile shall be accepted,.
- 7) Disable Certificate (Only disable person)

\_\_\_\_\_  
**Verifying Signature**