



**PAKISTAN INSTITUTE OF MEDICAL AND MANAGEMENT SCIENCES,
PESHAWAR
ADMISSION FORM
SESSION FALL/SPRING 20_____**

- ☐ MLT (PATHOLOGY) ☐ RADIOLOGY TECHNOLOGY
☐ SURGICAL TECHNOLOGY ☐ HEALTH TECHNOLOGY
☐ ANESTHESIA TECHNOLOGY

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. _____ Date: _____

EDUCATIONAL RECORD:

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

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.

- ☐ Four Passport size colored photographs of the applicant attested on the back
☐ Two copies of Computerized National Identity Card of the candidate or Computerized Form B.
☐ Two copies of computerized National Identity Card of the father/guardian of the applicant.
☐ Two copies of Secondary School Certificate Examination (Science/equivalent)
☐ Two copies of Detail Marks Certificate (DMC).
☐ Two copies of domicile certificate

Note: All the Required Documents must be attested by gazetted officer.

Signature of the Principal

Signature of the Applicant

For Office Use only:

Remarks/Requirements (Scrutiny Committee)

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