



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

MLT (PATHOLOGY)
 SURGICAL TECHNOLOGY
 ANESTHESIA TECHNOLOGY

RADIOLOGY TECHNOLOGY
 HEALTH 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: _____