SHARIF TRUST

APPLICATION FORM FOR ADMISSION

Sharif Institute of Allied Health Sciences
Sharif Medical City Road, Lahore

1. Applicant's Name: _____

2. Father's Name: _____

3. Father's Occupation: _____

4. CNIC No: | | | | | | | | | | | | | | | | **Age:** _____

5. Male ☐ **Female** ☐ **6. Material Status: Single / Married / Other**

7. Address: _____

8. Mobile No. _____ **9. Date of Birth:** _____ **10. Religion:** _____

11. Academic Qualification

Certificate / Degree	Total Marks Obtained	Total Marks	Obtained Marks %	Total Marks Obtained in All Science Subjects	Total Marks of All Science Subjects	Aggregate Science Subjects Obtained %	Eligible Yes / No
Matric with Biology							
F.Sc (Pre.Med)							

12. Important:

Attach attested copies of following:

a. Academic Certificates with Details of Marks Obtained

b. Copy of CNIC/B. Form

c. Domicile Certificate

d. Two Latest Photograph

13. Give Preference of Course Applied (Give preference 1/2/3):

a. Medical Laboratory Technology ☐

b. Radiology & Imaging Technology ☐

c. Operation Theater Technology ☐

d. Dental Technology ☐

e. Dialysis Technology ☐

f. Dispensing Technology ☐

g. Ophthalmology Technician ☐

h. Physiotherapy Technician ☐

14. Application Date: _____

15. Applicant's Signature: _____

16. Parent/Guardian's Signature: _____ **Cell No:** _____