



INSTITUTE OF HEALTH SCIENCES PESHAWAR

INNOVATING MINDS

Admission Form No:

APPLICATION FORM

Degree Programmes

- Doctor of Physical Therapy |
 BS-Medical Lab Technology |
 BS - Dental Technology

3x Passport size

(UNATTESTED)
PHOTOGRAPHS

For Office Use

(Prior to Filling the Form, Please Carefully Read the Instructions)

PERSONAL DATA (Fill in Capital Letters Using Black Ball Point)

Applicant's Name

Father's Name

Date of Birth - - dd-mm-yy Age Years Gender: M F

Marital status: Married Unmarried

Present Mailing Address:

District Country:

CONTACT: Res _____ Cell: _____ E-mail: _____

Permanent Address:

District Country:

Candidate's Nationality:

Candidate's CNIC / Form B No. -

Father's Profession (Exact Designation)

Father's Mailing Address:

District Country:

CONTACT: Res _____ Cell: _____ E-mail: _____

Name of Guardian (if other than father)

Occupation of Guardian

Annual Income Father / Guardian in Pak Rupees _____

Mailing Address of Guardian

District Country:

CONTACT: Res _____ Cell: _____ E-mail: _____

Educational Qualifications

(Please attach attested photocopies of the supporting documents)

Year	Degree/Diploma/ Certificate	Institution Attended	Board / University	Roll No	Marks Obtained	Total Marks
	SSC (Science) or equivalent					
	F.Sc (Pre Medical) or equivalent					

COMPLETE THE APPLICATION FORM: A CHECKLIST AFTER COMPLETION OF THE APPLICATION

Please tick (✓) and make sure that you have enclosed the following documents along with this application form for IHS Entry Test.

- 1. Application form complete in all respects
- 2. Declarations of the applicant and the parent/guardian is duly signed
- 3. Seven recent passport size photographs with your name written on the back of each are attached
- 4. Attested / Verified DMCS Two copies from relevant Board / University, Migration Certificate in Original, CNIC, Form B and Domicile are attached
- 5. Attested photocopies of academic distinctions or awards etc, if any, are attached
- 6. Father and Student CNIC
- 7. Undertaking on Rs. 50/- stamp paper.

NOTES

1. Please keep copies of all submissions for your record as no copies will be returned
2. Please keep all the receipts of submission of your documents either by courier service or by hand.
3. All communication will be held on the last notified address. IHS shall not be responsible for non-delivery of any communication if a change of address (from the one indicated on the Application Form) is not notified to the Admission Office, or for any negligence by the delivery service.

Please submit your completed application form together with the supporting documents from Monday to Saturday between, 8 am to 3 pm before the closing date mentioned in the advertisement

Note:

Admission fee & other dues paid by the student at the time of admission will not be refundable under any circumstances.

Signature of Candidate: _____

Signature of Father / Guardian: _____

CNIC #: _____

CNIC #: _____

FOR OFFICE USE ONLY

Discipline Admitted in: _____

Admission Date: _____

Conditional Admission: _____

Admission In charge Sign: _____

Director: _____

INSTITUTE DUES

Received Rs: _____

Vide Receipt No: _____

Date: _____

Admission No: _____

Date: _____

Discipline No. Allotted to the Student by Finance: _____

Finance: _____



INSTITUTE OF HEALTH SCIENCES

Near Hayatabad Toll Plaza Ring Road Peshawar

Tel:091-5826536

Email: info@ihs.edu.pk Website:www.ihs.edu.pk

Account Details A/c #01506002 Account Title: Institute of Health Sciences Peshawar The Bank of Khyber IBB Achini Payan Branch(0166) Ring Road Achini Payan Hayatabad Peshawar

Fee can be submitted in any ONLINE branch of The Bank Of Khyber

Office Copy

1st Semester(Batch-3)

Date: _____/____/2020

Courses: DPT/BS-MLT/BS-DT

Course Applied for: _____

Candidate Name _____

Father/Husband Name _____

District: _____

Prospectus Fee(Admission Form) **Rs 500/-**

Bank Stamp

Note: Canditates are directed to submit the scanned copy of this reciept via whatsApp# 0346-5974833 or Email on admission@ihs.edu.pk otherwise their Admission form will not be accepted

Deposit by: _____ Received by: _____



INSTITUTE OF HEALTH SCIENCES

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Student Copy

1st Semester(Batch-3)

Date: _____/____/2020

Courses: DPT/BS-MLT/BS-DT

Course Applied for: _____

Candidate Name _____

Father/Husband Name _____

District: _____

Prospectus Fee(Admission Form) **Rs 500/-**

Bank Stamp

Note: Canditates are directed to submit the scanned copy of this reciept via whatsApp# 0346-5974833 or Email on admission@ihs.edu.pk otherwise their Admission form will not be accepted

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Due to the current situation (**COVID-19**) Candidates are advised to submit their admission form & Copies of educational documents mentioned in admission form via courier service on:

Institute of health sciences ring road near Hayatabad toll plaza opposite total Parco pump Peshawar

Or

Send scanned copies through email

admission@ihs.edu.pk