



JINNAH INSTITUTE OF NURSING & ALLIED HEALTH SCIENCES

Dera Ghazi Khan

Sr. No.

ok

ADMISSION FORM

Photo

Category Applied for please tick only one:	LHV	CMW	CNA	BSN	Post RN BSN	Date _____
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NAME						
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FATHER'S NAME					OCCUPATION	
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Guardian's Name					OCCUPATION	
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Date of Brith		Gender	M	F	Religion		Nationality		Blood Group	
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Father Mobile#		Student Mobile#		Email ID	
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C.N.I.C / B.Form																			
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Permanent Address																			
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Postal Address																			
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Postal Address																			
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Person to Notify In case of Emergency

Name					Occupation		Contact No.	
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Academic Record (Please Attach the attested copy of result cards/marks sheets etc)

QUALIFICATION	Year	Total Marks	Marks Obtained		Grade/ Percentage	Board/ University	Marks Science Subject			
							Matric		F.Sc	
Matric							Physics		Physics	
F.A/F.Sc							Chemistry		Chemistry	
							Biology		Biology	
Others							Total		Total	
							%age		%age	

Attested Copies of documents attached

(Please tick the relevant box)

A. Compulsory:

Matric Certificate		CNIC		Domicile Certificate:		Picture	
F.Sc Certificate		B.Form		District:			

Applicant's Signature

Office Use Only

Enrollment Number	Remarks

Admin/Principal/Director

CHOWK CHURHATTA NEAR CHUNGI NO. 1 MAIN TAUNSA ROAD OPP. ATTOCK PETROL PUMP D.G.KHAN
0330-5678-786-0334-671-9461





DOCTOR'S INSTITUTE OF PARAMEDICAL & PHARMACEUTICAL SCIENCES



Dera Ghazi Khan

Sr. No.

ADMISSION FORM



Category Applied for
please tick only one:

DISPENSER

MLT

DENTAL

OTT

B-CAT

RADIOGRAPHY

ANESTHESIA

OPHTHALMIC

ENDOSCOPY TECH.

Date _____

NAME														
FATHER'S NAME						OCCUPATION								
Guardian's Name						OCCUPATION								
Date of Brith						Gender	M	F	Religion		Nationality		Blood Group	
Father Mobile#				Student Mobile#				Email ID						

C.N.I.C / B.Form														
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Permanent Address														
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							Biology		Biology	
Others							Total		Total	
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