



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 _____		
NAME								
FATHER'S NAME					OCCUPATION			
Guardian's Name					OCCUPATION			
Date of Birth		Gender	M F	Religion	Nationality	Blood Group		
Father Mobile#	Student Mobile#				Email ID			
C.N.I.C / B.Form				-			-	
Permanent Address								
Postal Address								
Person to Notify In case of Emergency								
Name				Occupation			Contact No.	
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.

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Photo

Category Applied for
please tick only one:

DISPENSER

MLT

DENTAL

OTT

B-CAT

RADIOGRAPHY

ANESTHESIA

OPHTHALMIC

ENDOSCOPY TECH.

Date _____

NAME										
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FATHER'S NAME						OCCUPATION				
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Guardian's Name						OCCUPATION				
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Date of Birth		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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