This form should be accompanied by a bank draft/pay order of Rs. 1,500 in favour of Akhtar Saeed Medical & Dental College, Lahore.

AKHTAR SAEED COLLEGE OF REHABILITATION SCIENCES, BAHRIA TOWN, LAHORE.

APPLICATION FOR ADMISSION OF THE FIRST YEAR DPT

For Office Use Only

F.Sc./Equivalent Exam Marks: _____

Aptitude Test Marks: _____

Combined Score (%age): _____

Paste One Passport Size Photograph

1. Full Name (Capital letters)

Mr. / Miss. / Mrs. _____

2. Date of Birth _____ Place of Birth _____ Religion _____

3. Student Contact No. _____ Student e-mail address: _____

4. NIC / NICOP No. of Student:

					-								-	

5. Father's Name (Capital letters)

Mr. _____

6. Father's Occupation: _____

7. Father's annual income from all source: _____

8. Father's Phone Numbers. Mob: _____ Home: _____ Office: _____

9. Permanent Home Address: (For Correspondence): _____

_____

10. Father's e-mail address : _____

11. Passport/NIC/NICOP No. of Father:

					-								-	

12. (In case of death of the father or both parents)

Guardian's Name (Capital letters)

Mr/Mrs. _____

Guardian's NIC No.

					-								-	

A. Guardian's exact relationship with the applicant: _____

B. Guardian's Occupation _____

C. Guardian's annual income from all sources: _____

D. Permanent Address: _____

_____

E. Guardian's Phone Numbers. Mob: _____ Home: _____ Office/Work: _____

F. Guardian's e-mail address _____

13. Qualifications of the applicant

Sr. No.	Examination Passed	Board From Which Passed	Roll No.	Year of Passing	Name of School/ College	Marks Obtained
(i)	Matriculation / Equivalent					
(ii)	Intermediate (F.Sc.) Pre-Medical/ Equivalent					

14. Solemn affirmation by the applicant and his father/guardian

We solemnly affirm that information given above is correct to the best of my knowledge. If it is found that any of the statements was false, the applicant will lose the right of admission and, if admitted, the college will have the right to expel me. The applicant will also be liable to any further departmental or legal action that the AMDC Lahore may deem fit to take.

_____ Father/Guardian's Signature

_____ Signature of Student

Check List:

Date _____

Make sure that you have deposited the attestedphotocopies of following documents with the admission form:

1. National identity Card / Form B / Passport ☐
2. Matriculation or Equivalent qualification Certificate ☐
3. F.S.C (Pre-Medical) or equivalent qualification Certificate ☐
4. Three passport size colour photograph of the applicant. ☐
5. Character certificate from head of institution last attended ☐
6. Medical fitness certificate from any registered medical practitioner ☐
7. Serological status about hepatits B virus & Hepatits C virus ☐
8. HIV Status (for foreign students only) ☐