

## AKHTAR SAEED GROUP OF PHARMACY COLLEGES

**Choose the ONE option from below**

Akhtar Saeed College of  
Pharmaceutical Sciences  
Bahria Town, Lahore.

Akhtar Saeed College of  
Pharmacy Canal Campus,  
Thokar Niaz Baig, Lahore.

Akhtar Saeed College of  
Pharmacy Murree Expressway,  
Bahria Golf City, Rawalpindi.

Foreign Students

Overseas Pakistani

Local

**APPLICATION FOR ADMISSION TO THE FIRST PROF. DOCTOR OF PHARMACY (PHARM. D)**

**For Office Use Only**

(i) F.Sc. Marks \_\_\_\_\_

(ii) SAT Score (HEC Equivalence Score) \_\_\_\_\_

(iii) A Level (IBCC Equivalence Score) \_\_\_\_\_

(iv) Aptitude Test (ACPS Score) \_\_\_\_\_

**Combined Score (%age)** \_\_\_\_\_

**Admit Card No.** \_\_\_\_\_

**Paste Recent  
Photograph**

1. Full Name Mr. / Mrs. / Miss.

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Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

2. Father's Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

3. Present Postal Address \_\_\_\_\_

4. Permanent Postal Address \_\_\_\_\_

5. Date of Birth 

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6. Place of Birth \_\_\_\_\_

7. Religion \_\_\_\_\_

8. CNIC # of Student

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9. CNIC # of Father

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10. Guardian's Name \_\_\_\_\_ CNIC # \_\_\_\_\_  
(In case of Father's death)

- a. Exact relationship with the applicant \_\_\_\_\_  
b. Occupation \_\_\_\_\_  
c. Address \_\_\_\_\_  
d. Tel. (Res.) \_\_\_\_\_ Tel. (Off.) \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Fax. \_\_\_\_\_  
E-mail \_\_\_\_\_

11. Father / Guardian Income (per annum) from all sources Rs. \_\_\_\_\_

### Qualification

| Sr. No. | Examination Passed                    | Board from which passed | Roll No. | Year of Passing | Name of School/College | Marks Obtained |
|---------|---------------------------------------|-------------------------|----------|-----------------|------------------------|----------------|
| 1       | Matriculation / Equivalent            |                         |          |                 |                        |                |
| 2       | Intermediate (Pre-Med.) or Equivalent |                         |          |                 |                        |                |

12. Solemn affirmation by the applicant

I, solemnly affirm that information given above is correct to the best of my knowledge and if it is found that any of the statements was false, then I should not be admitted and if admitted, the college will be having the right to expel me. I would also be liable to any further departmental or legal action that the Akhtar Saeed Group of Pharmacy Colleges may deem fit to take.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Applicant (with date)

### Check List

Make sure that you have attached the attested photocopies of documents with admission form which are as follows:

|     |   |  |
|-----|---|--|
| 1.  | 4 Copies of Computerized National I. D. Card / Passport of Student and Father / Guardian      |  |
| 2.  | 4 Copies of Matriculation or Equivalent Certificate.  |  |
| 3.  | 4 Copies of F. Sc. (Pre-Medical) or equivalent Certificate.                                   |  |
| 4.  | Medical fitness certificate from any registered medical practitioner.                         |  |
| 5.  | Character certificate from Head of institution last attended.                                 |  |
| 6.  | Serological status about HBV & HCV.   |  |
| 7.  | HIV Status (Foreign Students only).   |  |
| 8.  | Certificate of vaccination against COVID-19, Hepatitis B and Tetanus.                         |  |
| 9.  | Affidavit (Specimen Provided in the Prospectus)   |  |
| 10. | No objection certificate (NOC) from the concerned board of intermediate & secondary education |  |
| 11. | Domicile  |  |
| 12. | Eight Passport size photographs   |  |