

Pakistan Institute for Rehabilitation Sciences

ISRA University Islamabad Campus, Islamabad

APPLICATION FORM FOR ADMISSION

SESSION: SPRING/ FALL SEMESTER, 20----

PLEASE ENROLL ME FOR FOUR YEAR DEGREE PROGRAM / TWO YEAR ASSOCIATE DEGREE PROGRAM

BS Program (Four Years) in: _____

Associate Degree Program (Two Years) in: _____

(Vision Sciences, Audiology, Orthotics /Prosthetics)

Paste
your
Photo
here

Note: Use Capital Letters only to fill the form.

Personal Particulars

First Name: _____ Given Name: _____ Last Name: _____

Date of Birth :(dd/mm/yy) _____ Gender: _____ Marital Status: _____

Nationality: _____ Domicile: _____ Mobile: _____

CNIC NO/Passport No/B-Form No: _____ Email: _____

Father/ Guardian's Information

Name: _____ Occupation: _____

Per Month Income: _____ Business/Office Address: _____

Contact No: _____ E-mail: _____

Present Address: _____

Permanent Address: _____

Emergency Contact No: _____

Educational Particulars

Educational Certificate	Year of Passing	Subjects	Marks Obtained	Percentage	Name of the Educational institution
Secondary School Certificate/ O-Level					
Intermediate (Pre-Medical) / A-Level					

I hereby declare that all the information provided by me is correct and I understand that in case of fake/bogus documents or information my admission will stand cancel and I am liable for disciplinary action.

Signature of Applicant: _____ Signature of Father/ Guardian: _____

CNIC of Student: _____ CNIC of Father/Guardian: _____

Note: Duly attested two copies of each academic certificate along with two photographs and two copies of CNIC must be attached with the application form.