



**KARACHI INSTITUTE OF PHYSIOTHERAPY
& REHABILITATION SCIENCES**



ADMISSION FORM

DPT 2019

Application No. _____

PERSONAL INFORMATION

Name of applicant: _____

S/o, D/o, w/o: _____

Date of Birth: _____

Age: _____ Gender: _____ Domicile: _____

Candidate CNIC: _____ E-mail: _____

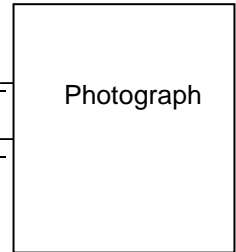
Father / Husband CNIC: _____ Nationality: _____

Current Address: _____

Mailing Address: _____

Home Tel No: _____ Candidate Cell No: _____

Father / Guardian Tel No. _____



ACADEMIC QUALIFICATIONS

| NAME OF INSTITUTION | BOARD | PASSING YEAR | MARKS OBTAINED | TOTAL MARKS |
|---------------------|-------|--------------|----------------|-------------|
| | | | | |
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Check List

| One set of attested photocopies of following documents are required to submit | Yes / No |
|---|----------|
| Matriculation Certificate / O Level Certificate | |
| Intermediate Marksheet /A Level Certificate | |
| Candidates CNIC | |
| Parent's/Guardian's CNIC | |
| Three Photographs | |
| Domicile | |
| P.R.C. | |

Solemn Affirmation by the Applicant

I _____ S/D/O _____ solemnly affirm that the information contained in this Application Form, and the documents attached with this form, are complete and accurate.

I understand that if any information in this application, or in the documents and certificates that are attached with this application, is not complete or accurate, I shall not be considered for admission, and if somehow admitted, the Admitting Authority shall cancel my admission, and I shall be expelled from the institution, and all fees and other dues paid by me to the institution up to that time shall be forfeited.

I agree that submission of this Application Form does not confer any right on me in respect of selection for admission, which shall only be granted on merit.

I understand that in case of failure to join the college or deposit fee within Seven (07) days of display of merit list, my admission shall stand cancelled automatically.

Name of Applicant

Signatures of Applicant

Date: _____

For office use only

Received the Application Form of Mr/Ms _____ on this day of _____, 2019

Name & Signature of the Admission Office