ALLAMA IQBAL MEDICAL COLLEGE/ JINNAH HOSPITAL, LAHORE. **DOCTOR OF PHYSICAL THERAPY (DPT)** AFFILIATED WITH UNIVERSITY OF HEALTH SCIENCES, LAHORE.

ADMISSION FORM FOR DOCTOR OF PHYSICAL THERAPY (DPT) COURSE SESSION 2024-2029 (5 YEARS DEGREE PROGRAMME) Form No._____

A.	PERSONAL DATA	
1.	Name: (IN BLOCK LETTERS)	
2.	Father's Name:	PHOTOGRAPH
3.	Gender(4) Date of Birth:	
4.	Age (on last date of submission of application) Y M D	
5.	Religion:	
6.	Domicile: (8) I.D. Card No:	
7.(a)	Present Address:	
(b)	Permanent Address:	
(c)	Phone No (d) Cell No	
8.	Father CNIC No.	
	(a) Occupation:	
	(b) Office/Job Address:	
	(c) Phone No (Residence) (d) Phone No (Job)	
	(e)Cell No (f) Fax #	
9.	Guardian's Name:	
	(a) Guardian's CNIC No.	
	(b) Exact relation with the applicant:	
	(c) Occupation:	
	(d) Office/Job Address:	
	(e) Phone No. (Residence)(f) Phone No (Job)	
	(g)Cell # (h) Fax #	_

B. **ACADEMIC DATA** (a)

Examination Passed	Board/ University	Year of Passing	Total Marks	Marks Obtained	No of attempts	% age
Matric /SSC						
Intermediate/ HSSC						

C. <u>DECLARATION</u>

I hereby declare that the above mentioned information is correct according to the best of my knowledge. If anything found to be incorrect I shall be held responsible.

Date: _____

SIGNATURE OF APPLICANT

D. Following Documents must be attached with application form.

- 1. Two attested passport size current Photographs.
- 2. Attested Copy of Secondary School Certificate.
- 3. Attested Copy of Intermediate Certificate.
- 4. Attested Copy of applicants Domicile Certificate.
- 5. Attested Copy of Character Certificate.
- 6. Attested Copy of NIC/Form B.
- 7. Original Bank Receipt of Rs. 2000/-(Application Processing Fee)(Deposit in AIMC Branch)

Name: -	Father's Name:	
Receipt	NoForm No Dated	
1. 2. 3. 4. 5.	ents Received Two recent Photographs. Copy of Secondary School Certificate. Copy of Intermediate Certificate. Copy of applicants Domicile Certificate. Copy of Character Certificate. Copy of CNIC/Form B. Authorized Signature	
Name: -	Father's Name:	
Receipt	NoForm No Dated	PHOTOGRAPH

Authorized Signature