



NOTE: CHOOSE ONE OF THE FOLLOWING OPTIONS.

Group Medical Technology Pre-Medical Pre-Engineering Commerce DAE (Electrical / Electronic)
Class First Year Second Year **Shift** Morning Evening (for Commerce & DAE only)

TO BE FILLED OUT IN CAPITAL LETTERS

A. Applicant's Data
Full Name Mr/Ms: _____
Date of Birth: _____ Place of Birth: _____
Nationality: _____ Valid NADRA BForm/CNICNo: _____
Mailing Address/Present Address: _____

Permanent Address: _____

Residence Telephone No.: _____ Applicant Cell No.: _____
Applicant's Email Address: _____
Declare if Applicant is Suffering from any Disease: _____

B. Father's Data
Full Name Mr: _____ If Late, check: Occupation: _____
Designation: _____ Valid NADRA CNIC No: _____
Office Name and Address: _____

Annual Income in PKR/USD: _____ NTN NO: _____
Cell No : _____ Email Address: _____

C. Mother's Data
Full Name Ms: _____ Occupation: _____
Designation: _____ Valid NADRA CNIC No: _____
Office Name and Address: _____

Annual Income in PKR/USD: _____ NTN NO: _____
Cell No : _____ Email Address: _____

D. Guardian's Data (to be filled guardian is supporting financially)
Full Name Mr/Ms: _____ Occupation: _____
Designation: _____ Valid NADRA CNIC No: _____
Office Name and Address: _____

Annual Income in PKR/USD: _____ NTN NO: _____
Cell No : _____ Email Address: _____

Educational Qualification	Optional Subjects	Name of Last attended Institute	Year of Passing	Grade	Percentage% Obtained

Parent/Guardian's Signature

Applicant's Signature