



College of Physical Medicine & Rehabilitation Paraplegic Center Peshawar

Street 10, Sector P-1, Phase 4, Hayatabad, Peshawar.

Application Form

Form No:

Degree Programme

Doctor of Physical Therapy

BS Occupational Therapy

For Office Use

3x Passport Size

(UNATTESTED)
Photographs

(Prior to filling the Form, Please Carefully Read the instruction)

Personal Data (Fill in capital Letters Using Black Ball Point)

Applicant Name:

Father's Name:

Date of Birth:

Age:

Years:

Marital Status: Married Unmarried

Gender: M F

Mailing Address:

District: Country:

Permanent Address:

District: Country:

Contact (Personal): Res: Cell: Email:

Candidate's Nationality:

Candidate's CNIC/ Form B No.

Father's Profession (Exact Designation)

Father's Mailing Address:

District: Country:

Contact (Father's): Res: Cell: Email:

Name of Guardian (if other than father)

Occupation of Guardian

Annual Income Father/ Guardian in Pak Rupees

Mailing Address of Guardian:

District: Country:

Contact (Gaurdian's): Res: Cell: Email:

Educational Qualifications:

(Please Attached attested photocopies of supporting documents)

Year	Degree/ Diploma/ Certificate	Institution Attended Board/University	Roll No	Mark Obtained	Total Marks
	SSC (science) or Equivalent				
	F.Sc (Pre-Medical or Equivalent				

COMPLETE THE APPLICATION FORM: A CHECKLIST AFTER COMPLETION OF THE APPLICATION

Please (✓) and make sure that you have enclosed the following documents along with this application form.

1. Application form complete in all respect.
2. Declaration of the applicant and the parent/guardian is duly signed.
3. Seven recent passport size photographs with your name written on the back of each are attached.
4. Attested/ Verified DMCS Two Copies From Relevant Board / University , Migration Certificate In Original , CNIC Form B and Domicile are attached.
5. Attested Photocopies of academic distinction or award etc, if any, are attached.
6. Father and student CNIC.
7. Undertaking On Rs. 50/ Stamp Paper.

NOTES:

1. Please keep copies of all submissions for your record as no copies will be returned.
2. Please keep all the receipts of submission of your documents either by courier service or by hand.
3. All communication will be held on the last notified address. CPMR shall not be responsible for non- delivery of any communication if change of address (from the one indicated on the application form) is not notified to the admission office, or for any negligence by the delivery service.
4. Admission fee & other dues paid by the student at the time of admission will not be refundable under any circumstances.

Signature of Candidate: _____ Signature of Father/ Guardian: _____

CNIC #: _____ CNIC #: _____

FOR OFFICE USE ONLY

Discipline Admitted in: _____

Admission Date: _____ Conditional Admission _____ Admission In Charge Sign _____

Director: _____

Institute Dues

Received Rs: _____ Vide Receipt No: _____ Date: _____

Admission No: _____

Date: _____ Discipline No. Allotted to the Student by Finance _____

Finance: _____

Note!

Applicants who have downloaded the application form from website, shall deposit PKR 1000/- in any branch of **National bank of Pakistan.**

Account Title: **Paraplegic Centre**

Branch Code: **1759**

Account Number: **3011732027**

Branch Name: **Hayatabad Peshawar.**