

College of Allied Health Sciences Nishtar Medical University, Multan. Phone No. +92-61-9200238, Fax No. +92-61-9200227,

E.mail: nishtarmed@gmail.com

		(7)	201		
Bank Name: BOP, Nis	htar Road, Multan.	SESSION (For of	fice use only) 2022-2023		
Amount: 1000/-		Form No.	2022-2023		
Voucher No.					ere a recent oort size
voucher No.		Receipt Date: Last Date:	31.12.2022	_ ^ ^	tograph
Dated:			31.12.2022		
		Remarks			
BS Programme Ap	oplied for:				
		(To be filled in capital le			
		ORM (ON			
1. Name:					
2. Father's / Guar	rdian Name:				
3. Religion:		4. Gender: M	Iale Femal	le Other	r
5. Date of birth:		6. CNIC / B-F	Form No		
7. Age (On closing	g date): Year	_ Months Days	8. Domic	ile	
9. Permanent add	lress:				
10. Present Posta	l Address:				
11. Phone No		12. Email addre	SS		
13. Father / Guard	lian contact No:				
		ACADEMIC RECO	ORD		
Qualification	Year of Passing	Board	Total Marks	Obtained Marks	% age
Matric / O Level					
F. Sc. / A Level					
MDCAT					
Note: - name and pr	ogram of study applie	el, F.Sc / A Level certificates, Ned for on the back of each f the School / College from wher	photograph. Also prov	vide attested copies of	_
I solemnly affirm that I hat the BS Programme.	ve read all instructions, terr	ms and conditions of admission a	and, if admitted, I will abid	le by rules and regula	tions governing
C					
Date		SIGNATU	URE OF THE APP	LICANT	

CHE	$\alpha \mathbf{z}$	T	TCT
CHE	CN.	L	AST.

Matric / O Level		FSc / A Level		Domicile
CNIC / B form		CNIC of Father / Guardian		Character Certificate
5 recent Photograph		Medical Fitness Certificate		Original Bank Voucher
NOC / Migration Certificate if F. Sc. / A Level other than Punjab				

INSTRUCTIONS:

- 1. One application form will be considered for one Course.
- 2. Applicants must fill the form carefully. He / she is required to complete the application by entering correct information.
- 3. Application received after due date or with incomplete information shall be rejected.
- Those having foreign qualifications must submit equivalence certificate of IBCC.
 Admission shall be granted on **OPEN MERIT BASIS** only.
- 6. Regular classes will start with effect from 15.02.2023.
- 7. Fee once paid will not be refunded in a part or in full.
- 8. No accommodation of any kind will be provided (Affidavit of No claim of accommodation shall be Provided by the Candidate)
- 9. Scheduled dates for admission can be changed in unavoidable circumstances, if necessary, by the competent authority.
- 10. Any revision / review of the merit list originally prepared can be done if some relevant facts are brought to the notice of the university administration. The case will be referred to the Grievance redressal Committee. The decision of the committee will not be challengeable in any Court of Law.

MERIT DISTRIBUTION

The merit for the purpose of admissions shall be worked out on the basis of aggregate percentage by giving the following weightage to acquired marks:

> Matric / O Level 10 % F. Sc. / A Level 45 % **MDCAT** 45 %

UNDERTAKING:

- 1. I declare that I am not a member of any political party and that I shall not indulge in politics as long as I remain a student of the University. I further undertake that I will not challenge the finding / decision of Head of Institution regarding my Rustication Expulsion form the University cancellation my admission at any stage whatsoever in any Court, Tribunal, Authority or Forum other then Supreme Court of Pakistan.
- 2. I hereby certify that I have myself filled in this form and the statements made herein are correct.
- 3. I hereby declare on oath that I have not been on the rolls of any teaching department of the University.
- 4. I hereby declare that I have not obtained ADS / ADP / BS / BBA / BCS / BFA in case of admission of Bachelor Degree Program.

Signature of Applicant	Signature of Father / Guardi		
Date:	Date:		