Form #



SINDH INSTITUTE OF MEDICAL AND ALLIED SCIENCES

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	D	DEPARTMENT (OF MEDIC	AL TEC	HNOLOGY	<u> </u>				
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							Attach Your Recent Passport			
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Date of issue: dd mm yy Place of Issue:										
ACADEMIC INFORMATION:										
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Certificate / Degree Name Degre	ee Title	Specialization / Major	Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Board / University / institute			
Intermediate (12 Years)										
Metric (10 Years)										
others										
		SHORT (COURSES	/ DIPLO	DMA					
DPT (Doctor of physical Thearpy) CLS (Clinical Lab Sciences)										
CATEGORY										
REGULAR										

_ Emergency Contact #: __

_ Email: -

DECLARATION

I agree to comply with the desicion mad therain.i agree to abide by all the instruction fees payment.				
Applicant's Signature			 Date	
I hereby testify that the statement made by made by my words are fulfilled.	by my word are correct to the be	st of my knowledge i also affirm to ensu		
Name of parent Guradian		Signature	Date	
CNIC #:	Contact #:	NTN #:		
		TION FORM: A CHEC		
Please Make sure that you have onclosed	I the nessesary documaent and	duly application form according to chek	dist	
APPLICATION FORM Application form complete in all r Declaration on page 2 signod page.	•			
PASSPORT SIZE PHOTOG	GRAPHS			
Six recent passport size photograWite your name on the baclk of e				
CERTIFICATION AND OTH	ER RESULTS			
	es certification, marksheets or tra	anscripts of mariculation and intermodia	ate	
 2 copies of CNIC in case of admission confirmatio, of education for verification and a		riginal document (marksheets and certi roment number	fication) issued by the board	
Note:				
Correspondence will be do		e document for you record. fied address. The SIMAS not be respor ice or Unnotified change of address by		
GENE	RAL INSTRUCTI	ON / INFORMATION		
• Fill all colums of adimission Form in	BLOCK LETTERS with BLUE/B	LACK PEN.		
Be sure to tick Appropriate box in Ac	limission Form.			
Photocopies of all the document multiple and the forms will be a rejected.	st be attested by a Goverment o	fficer of Grade 17 and Anove.		
Incomplete form will be rejected.No form will be accepted in any case	e after the last date of submissic	on form.		
·		office of sindh institute of medical` and A	Alleid Sciences.	
All quarries should be sent on given	email address/Telephone # and	courier.``		
For Official Use		Official Seal		
Name:				
Signature: ————————————————————————————————————				
Date.				

If you have already purchased the application kit along with the application form' the application processing fee if RS. 1.500