

ADMISSION FORM

INSTITUTE OF ALLIED HEALTH SCIENCES

D.G. KHAN MEDICAL COLLEGE

Dera Ghazi Khan

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Receipt No _____

Dated _____

Rs. _____ Bank Draft/Pay Order No _____

FOR ADMISSION IN INSTITUTE OF ALLIED HEALTH SCIENCE DEGREE PROGRAM FOR SESSION 2021-2022

- B.Sc. (Hons) Medical Imaging Technology (MIT) (4 Years)
 B.Sc. (Hons) Medical Laboratory Technology (MLT) (4 Years)
 B.Sc. (Hons) Operation Theater Technology (OTT) (4 Years)

Open Seat (54 Seats)

Disable Seats(02) (01Seat MLT,01 Seat MIT)

Employee Seat (03 Seats)

Tribal Area Seat (01 Seat in OTT)

Write the name of only one Degree Program you Desire to apply Admission in the Box below

Name (in block letters): _____

Father's Name (in block letters) _____

Date of Brith: _____ Religion _____

Domicile: _____

Present Postal Address: _____

Permanent Home Address: _____

Tel: (R) _____ Mobile: _____ Fax/Email _____

Father's/Guardian's

a) Name (in block letters): _____

b) Relationship with the applicant (in case of guardian): _____

Tel: (R) _____ Mobile: _____ Fax/Email _____

Academic detail of the applicant:

Degree / Certificate	Board	Roll No.& Reg.No.	Year of Passing	Subjects	Marks Obtained
Matric					
Intermediate (Pre Medical) or Equivalent					

(For Candidate)

Signature _____

Name: (_____)

CNIC No: _____

(For Father/Guardian)

Signature _____

Name: (_____)

CNIC No: _____

For office use only

Application No	Marks F.Sc.	Hafiz Quran Marks	Interview Marks	Cumulative % age
		03	05	

Please Paste
Photograph here
Attested from
Front Side (3x3cm)
with blue
background