



# THE KASHMIR INSTITUTE OF MEDICAL SCIENCES RAWALAKOT

For Office use only

Ref No. \_\_\_\_\_

Session: \_\_\_\_\_

## ADMISSION FORM

Date \_\_\_\_\_

### Applicant's Particulars

Name: \_\_\_\_\_

Father's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guardian Ph: \_\_\_\_\_ Relation with Student: \_\_\_\_\_

Passport size Pic

### Education:

CNIC \_\_\_\_\_

QUALIFICATION	INSTITUTION	MARKS	GRADE	YEAR	BOARD

Attach 06 attested copies of all educational Certificates, Character Certificate & Domicile/Provisional Cer, (Kashmir) along with 14 passport size photographs).

Level of course: ( Tick the relevant box)

Indicate discipline selected & course duration.

☐ BS/ \_\_\_\_\_

☐ F. Sc / \_\_\_\_\_

☐ Diploma/ \_\_\_\_\_

☐ Other's/ \_\_\_\_\_

### UNDERTAKING

I SOLEMNLY DECLARE THAT I WILL ABIDE BY THE RULES & REGULATIONS OF THE INSTITUTE AND THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
MD Signature

### Remarks of Interview Committee

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Principal**