



PATEL INSTITUTE OF NURSING & ALLIED HEALTH SCIENCES

Patel Hospital ST-18, Block-4, Gulshan-e-Iqbal, Karachi-75300, Pakistan
Tel: 9221 111-174-174, 34968660-1 website: <http://www.patel-hospital.org.pk>



TECHNICIAN ADMISSION FORM

S.R No

This application form has to be filled before any application for admission can be considered. Filling the form does not ensure admission. Incomplete and incorrect forms will be treated as invalid. The application form should be filled in by hand in block letters.

- ❖ a) Applicants Name:
- b) Date of Birth: CNIC Number:
- c) Residential Address:
- d) Permanent Address:
- e) Tel No (Res): Mob:
- f) Program Applied for:
- g) Qualification: Passing Year:
- h) School/college:



❖ **Detail Of Parents**

- a) Father's Name: a) Mother's Name:
- b) Qualification: b) Qualification:
- c) CNIC Number: c) CNIC Number:
- d) Occupation: d) Occupation:
- e) Name of Organization: e) Name of Organization:
- f) Address of Organization: f) Address of Organization:
- g) Tel (Office): g) Tel (Office):
- h) Mobile Number: h) Mobile Number:

I solemnly confirm that the information given above is correct and true to the best of my knowledge.

Date: -

Signature of Guardians:

(For Office Use Only)

Date: _____

I.D No: _____

Receiver: _____

Admission Officer

Signature of Principal



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