Rai Foundation Allied Health Sciences College Sargodha

Admission Form

Session of 20____-20____

BS PROGRAMS

Emergency and Intensive Care	☐	Operation Theater Technology	☐
Radiology & Imaging Technology	☐	Medical Lab Technology	☐

DIPLOMA PROGRAMS

Dispenser Technology	☐	Operation Theater Technology	☐
Radiology Technology	☐	Medical Lab Technology	☐

FACILITIES REQUIRED

Hostel Accommodation	☐	Transport	☐

Personal Information

1. Name of the Applicant

2. Father's/Guardian Name

3. Mother's Name

4. Gender ☐ M ☐ F

5. Nationality

Paste Recent Color Photograph (3.5cm wide & 4.5cm high) attested on the front and attach three attested on the back

6. Date of Birth ☐☐☐☐☐☐☐☐ (D D M M Y Y Y Y)

7. Province of Domicile

8. District of Domicile

9. CNIC/B-Form No. ☐☐☐☐☐☐☐☐☐☐☐☐☐

10 Mailing Address (Res.) in Pakistan only

11 Tel (Landline)

12.Cell

13. E-mail

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Qualification

Examination Passed	Science Subjects	Institution Attended	Board / University	Year of Passing	Marks Obtained (Equivalence)	Total Marks
SSC/Equivalent						
HSSC/12th Grade/ Equivalent						

Required Documents / Declaration

Following documents must be attached:

- Attested photocopies of Matric (3 copy)
- Attested photocopies of Domicile Certificate (3 copies)
- Attested photocopies of National CNIC/B-form (3 copies)
- Attested photocopies of Father's/ Guardian CNIC (3 copies)
- Attested Pictures (6 Pictures)

Declaration

I hereby declare that all the information provided above is true to the best of my knowledge. I agreed to abide by all the Rules & Regulations of Rai Foundation Allied Health Sciences College and in case of violation. I will be liable for disciplinary action which may include termination of training and or expulsion from the institution

I have read all the contents of prospectus regarding dues/fee, rules & policies.

Form Submission Date: _____

Signature of Applicant

Signature of Father/Guardian

Signature of Principal

Signature of Dean/Chairman