



FAISAL INSTITUTE OF HEALTH SCIENCES

A Project of Faisal Hospital (Private Limited)

673-A, Canal Road, Peoples Colony, Faisalabad.

Form No. _____

PROGRAM APPLIED FOR:

First Priority

Second Priority

Third Priority

For Office Use Only

Registration No

Semester/Year

 /

Admitted

☐

Not Admitted

☐

Form Receipt No

Date of Receipt

Received by

Paste Your recent
colour photograph
(1.5 × 1.5 inches)

Please do not staple

Admission Approved by Committee:

1.

2.

3.

Note: a. Use Capital Letters only.
b. Forms with over-writing will not be accepted. C. Mention your telephone with city code.

PERSONAL DETAILS

Name:

Date of Birth: Date

Month

Year

Sex: Male

☐

Female

☐

CNIC Number

Religion: _____ Nationality: _____ Blood Group: _____

Tel (Res): _____ Mobile: _____ Email: _____

Present Address: _____ City: _____

Permanent Address: _____ City: _____

Permanent Address: _____

Mark of Identification: _____

Are you suffering from any ailment?

Yes

☐

No

☐

If yes, please specify: _____

ACADEMIC RECORD

Academic Qualification	Degree Name	Total Marks	Marks Obtained	CGPA/ Marks %	Year of Passing	Name of Institution
Secondary School/Equivalence Certificate						
Intermediate/Equivalence Certificate						
Bachelor						
Master						
MS/MPhil						

HOBBIES & SPORTS

Even	Awards/Honours (if any)	Year

Note: Attach certificate for Awards/Honours stated above

FAMILY DETAILS

Father's Name:

CNIC No.

Profession: _____ Average Monthly Name: _____

Nature of Job/Business: _____

Tel (Office): _____ Mobile: _____ Email: _____

Mother's Name:

CNIC No.

Profession (if working): _____ Designation: _____

Tel (Office): _____ Mobile: _____ E mail: _____

Guardian's Name: _____ Relationship: _____

CNIC No.

Profession: _____ Designation: _____ Average Monthly Income: _____

Tel (Office): _____ Mobile: _____ E mail: _____

BROTHERS & SISTERS

S.No	Name	Age	Class	Institution/Occupation (if working)	Fee per month/ Salary per month
1					
2					
3					
4					
5					

OTHER DETAILS

Name of contact Person (In case of Emergency): _____ Relationship: _____

Address: _____ City: _____

Tel: _____ Mobile: _____ CNIC Number: _____

RESIDENCE DURING STUDIES

Proposed Residence [Tick one (✓)] Home: ☐ Institute Hostel: ☐ Relative: ☐ On Rent: ☐

Address of Residence if other than Hostel: _____

Checklist

Please attach the documents listed below with the application:

Please Tick ✓

5 × Recent Passport size photographs (Attested on reverse side)

☐

2 × Photocopies of Father's CNIC

☐

2 × Photocopies of CNIC/Form B of the Candidate

☐

2 × Attested photocopies of Secondary School/O Level equivalence certificate from IBCC with detailed marks sheet

☐

2 × Attested photocopies of Intermediate /A Level or equivalence certificate from IBCC with detailed marks sheet

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2 × Attested photocopies of undergraduate / poste graduate degree (whatever is applicable)

☐

2 × Attested photocopies of domicile certificate

☐

Original character certificate

☐

Application form (Complete in all respects)

☐

DECLARATION

I Mr/Ms _____ hereby declare that the information provided by me is true and complete to the best of my knowledge. I also declare that I will notify the Registrar Office immediately in case of any change in this information.

I am aware of the fee structure and have sufficient resources to cover the full period of the program. I will abide by the policy & will observe rules and regulations laid down by the Administration of FIHS

Student's Signature: _____ Date: _____ / _____ / _____

Parent's/Guardian's Signature: _____ Date: _____ / _____ / _____