



FivePak

INSTITUTE OF HEALTH SCIENCES

Admission Form

1. Personal Information

Full Name: _____

Father's Name: _____

Date of Birth: ___ / ___ / _____

Gender: [] Male [] Female [] Other

CNIC/Form-B No: _____

Nationality: _____

Domicile: _____

Religion: _____

2. Contact Information

Address: _____

Email: _____

Mobile No: _____

Guardian Contact No: _____

3. Academic Qualifications

Exam Passed	Board/University	Year	Marks	Total	Grade

4. Program Applying For

Degree Program: _____

Department: _____

Campus (if multiple): _____

Preferred Shift: [] Morning [] Evening

5. Required Documents (Attach Photocopies)

- CNIC/Form-B
- Domicile
- Academic Certificates
- Passport Size Photographs (2)
- Character Certificate
- Equivalence Certificate (if applicable)
- Admission Test Result (if applicable)

6. Declaration

I, _____, hereby declare that all the information provided above is true and correct to the best of my knowledge.

I shall abide by all rules and regulations of the university.

Signature of Applicant: _____

Date: ___ / ___ / _____

