



HAFEEZ

INSTITUTE OF MEDICAL SCIENCES (PVT) LTD ISLAMABAD

ADMISSION FORM FOR BS AHS

Note: Admission processing fee Rs 3000/- not refundable

Admission Discipline: _____

Name of Applicant: _____

Father's Name: _____

Student CNIC No.: _____

Gender: MALE ☐ FEMALE ☐ Date of Birth

--	--	--

Marital Status. : _____ Blood Group. : _____

District. : _____ WhatsApp No.: _____

Contact No: _____ Email Address. _____

Religion. _____

Postal Address: _____

ACADEMIC RECORD:

Qualification	Total Marks	Obtained Marks	%age	Roll No.	Session	Board
HSSC						
SSC						

Undertaking- I solemnly declare that the information given above is correct. In case of wrong information/Violation of rules of Institute (HIMS), I shall be responsible for the consequences i.e. cancellation of my admission. I am bound and will never take action against the Institute (HIMS).

Applicant's Sign: _____

Guardian's Name: _____ Guardian Contact: _____

For Official Use Only:

Form No. _____ Batch: _____

Admission Committee Recommendation: _____
_____.

Admission Fee: 30000/-

Discount: _____.

Payable: _____.

Semester Fee: 60000/-

Discount: _____.

Payable: _____.

Registration Fee Rs. 12000/-.

Admission Processing Fee Rs. 3000/-

Total Fee _____.

Paid Fee _____.

Ball Fee _____.

Fee Paid Dated: _____ R#: _____ Amount: _____.

Account Manager
Sign _____

Admission Manager
Sign _____