APPLICATION FORM
FOR ADMISSION IN
Diagnostic Radiology Course
ASSOCIATE OF APPLIED SCIENCE (AAS)
SESSION 2013
at Dow Institute of Radiology
Dow University of Health Sciences Karachi.

Fill the form in block letters.

Name of Applicant ____________________________ Father’s Name ____________________________

Birth Date ____________ Birth Location ____________ Birth Country ____________ Age on closing date ____________

National ID No. ____________________________ Marital Status ____________________________ Religion ______ Male □ Female □

Or “B” Form No. ____________________________

Home Address (Present) ____________________________ Tel No. ____________________________

Home Address (as mentioned in NIC) ____________________________ Mobile: ____________________________

E-mail: ____________________________

<table>
<thead>
<tr>
<th>Candidate’s</th>
<th>Father’s</th>
<th>Guardian’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate No.</td>
<td>Domicile PRC</td>
<td>Domicile PRC</td>
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<tr>
<td>District Name</td>
<td></td>
<td></td>
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<tr>
<td>Date of Issue</td>
<td></td>
<td></td>
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<tr>
<td>Place of Issue</td>
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</tbody>
</table>

ACADEMIC RECORD OF CANDIDATE

<table>
<thead>
<tr>
<th>Level of Study</th>
<th>Name &amp; Place of Institution</th>
<th>Passing Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matric / O Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter Science / A Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in Profession other than MBBS &amp; BDS</td>
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</tr>
</tbody>
</table>

ACADEMIC RECORD OF BROTHERS & SISTERS

<table>
<thead>
<tr>
<th>Level of Study</th>
<th>Name &amp; Place of Institution</th>
<th>Passing Year</th>
</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Inter Science / A Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If any Professional education (Current or Past)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Particulars of Father/Mother/Guardian

Name ____________________________________________ Male ☐ Female ☐

Marital Status __________________ Relationship with Candidate __________________

National ID No. __________________ Place of Issue _____________________________

Home Address (Present) __________________________ Tel No. _______________________

_________________________ Mobile No. __________________

Home Address (as mentioned in NIC) __________________________ E-mail: __________________

Fathers/Guardian Income __________________ Occupation __________________________

Department __________________________ Employer _____________________________

Designation _____________ Highest Education Level __________ Citizenship of Province ___________

Candidates Co-curricular Activities

A) Did you do any Research Work? If yes give detail.

B) Are you good in any Sports? If yes give detail.

NOTE: INCOMPLETE FORM WILL BE REJECTED

Pay order of Rs.1500/- Entrance Test attached ___________ Yes ☐ No ☐

Matric Mark Sheet attached ___________________________ Yes ☐ No ☐

Matric Pass Certificate attached ________________________ Yes ☐ No ☐

Candidate’s Domicile attached __________________________ Yes ☐ No ☐

Candidate’s PRC attached ______________________________ Yes ☐ No ☐

Father’s Domicile attached _____________________________ Yes ☐ No ☐

Father’s CNIC attached ________________________________ Yes ☐ No ☐

Candidate’s CNIC / B form attached ______________________ Yes ☐ No ☐

Left hand thumb impression of Applicant ___________________________ Applicant’s Signature ___________________________

Father’s / Guardian Signature ___________________________
CERTIFICATE FROM PRINCIPAL OF SCHOOL (LAST ATTENDED)

This is to certify that Mr. / Miss __________________________ Son / daughter of
Mr. __________________________ was a student of this school having been
admitted into _______ class from ___________ till ________________________

Name of School ______________________________________________________

Address of School ____________________________________________________

Name of Student and Father’s Name ______________________________________

Present Address ______________________________________________________

Permanent Address ____________________________________________________

Date of Birth ___________________________ Distinctions (If any)

Last Examination Passed __________________________

(a) Seat No. __________________________

(b) Enrolment No ______________________

(c) Total Marks obtained ____________ / Maximum Marks

(d) Division / Grade obtained _________ Percentage Obtained ____________

It is further certified that during his/her, period of stay, conduct & character was
____________________________________________________________________

Place __________________________

Date __________________________

SIGNATURE OF THE
PRINCIPAL WITH SEAL
CERTIFICATE FROM PRINCIPAL OF COLLEGE (LAST ATTENDED)

This is to certify that Mr. / Miss __________________________ Son / daughter of
Mr. __________________________ was a student of this school having been
admitted into ______________ class from ______________ till ______________

Name of School __________________________

Address of School __________________________

1) Name of Students and Father’s Name __________________________

2) Present address __________________________

3) Permanent Address __________________________

4) Last examination passed __________________________
   a. Date of Passing ______________ College Registration No. ______________

   b. Marks obtained in College examination (If held) before annual exam.

   Marks Obtained  Max Marks

   (i) Physics __________________________ __________________________

   (ii) Chemistry __________________________ __________________________

   (iii) Biology __________________________ __________________________

   c. Total Marks Obtained ______________ / Maximum Marks ______________

   e. Whether received any warning or punishment during the time when he/she was
      student of the college, if so give details

      __________________________

      __________________________

      It is further certified that during his/her period of stay in this college his/her work,
      conduct & character was __________________________

Place __________________________

Date __________________________

SIGNATURE OF THE PRINCIPAL
WITH SEAL
Health Certificate

Note: (Section A, B, & C will be filled by the candidate)

Section A

Name ___________________________ S/o, D/o ___________________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Days</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
</table>

Height: ___________________________ Weight: ___________________________

Present Address: ___________________________

Section B

1. Do you smoke? ........................................... Yes No
2. Do you take any medicine regularly? .................... Yes No

If yes, Specify __________________________________________

3. Any history of allergy .................................. Yes No
4. Do you suffer from any of the following diseases? .......
   i. Epilepsy ............................................. Yes No
   ii. High Blood Pressure ................................. Yes No
   iii. Psychiatric illness ................................ Yes No
   iv. Rheumatic Heart Disease ............................. Yes No
   v. Hepatitis B/C ...................................... Yes No
   vi. Physical Disability .................................. Yes No

If yes, Specify __________________________________________

Section C

Details of previous Vaccination  Detail of Booster Vaccination

1. Measles .............. Yes No
2. Mumps ................. Yes No
3. Rubella ............... Yes No
4. Tetanus ............... Yes No
5. Pertussis ............. Yes No
6. Whooping Cough ...... Yes No
7. Hepatitis B ........... Yes No

Certification: I hereby certify that the above information given by me is correct.

Signature Father / Mother ____________________________________________

Signature ____________________________________________
Fill all boxes with your present address

Name: ____________________________  Name: ____________________________
Present Address ____________________  Present Address ____________________
                                    ____________________
                                    ____________________
                                    ____________________
Phone No (Res.): ____________________  Phone No (Res.): ____________________
Phone No (Off.): ____________________  Phone No (Off.): ____________________
Mobile No.: _________________________  Mobile No.: _________________________
Email: _____________________________

Name: ____________________________  Name: ____________________________
Present Address ____________________  Present Address ____________________
                                    ____________________
                                    ____________________
                                    ____________________
Phone No (Res.): ____________________  Phone No (Res.): ____________________
Phone No (Off.): ____________________  Phone No (Off.): ____________________
Mobile No.: _________________________  Mobile No.: _________________________
Email: _____________________________