



BSAHS

BUKSH SCHOOL OF ALLIED HEALTH SCIENCES

# BUKSH SCHOOL OF ALLIED HEALTH SCIENCES DHANYALA - JHELUM

## APPLICATION FOR ADMISSION TO PARAMEDICAL COURSE

Category applied for  
(Please tick only one)

Medical Lab Technology

Operation Theater Technology

Radiography & Imaging Technology

Paste One Passport Size Photograph

Without Attestation

Name of Applicant:  
(in block letters) \_\_\_\_\_

Father's Name:  
(in block letters) \_\_\_\_\_

Guardian's Name:  
(if applicable) \_\_\_\_\_

Date of Birth:      Date      Month      Year  
\_\_\_\_\_

CNIC/ B-Form Number (NADRA): \_\_\_\_\_

Domicile District: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile No. Student \_\_\_\_\_

Mobile No. Father / Guardian \_\_\_\_\_

Qualification:	Matric	Total Marks	Marks Obtained	Percentage	Marks Science Subjects		Aggregate Percentage Science Subjects
					Physics		
					Chemistry		
					Biology		
	Total:						
FSc (Pre-Medical) (Optional)							
Signatures of Applicant: _____							
Date: _____							

6 Attested Copies of each Documents Attached: (Please Tick the Relevant Box)

**A. Compulsory:**

- i) Matric Certificate
- ii) CNIC/ B-Form
- iii) Domicile Certificate

**B. Optional:**

- i) FSc Certificate
- ii) Hafiz-e-Quran Certificate issued from government approved Madrassa
- iii) Disability Certificate - from Govt Hospital (in case of any physical disability)