



# Akhuwat-Faisalabad Institute of Research Science and Technology

affiliated with

## University of Health Sciences, Lahore

Please write in capital letters

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

PTCL No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

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

### Previous Qualifications

Certificate/ Degree	Passing Year	Board/University	Marks Obtained	Total Marks	Grade

I undertake that the information provided to the Akhuwat-Faisalabad Institute of Research Science and Technology are correct according to the best of my knowledge and if I fail to fulfill the eligibility criteria for admission, the institute can cancel my admission at any stage if admitted. I will observe the rules and regulations of the institute as prescribed in the prospectus.

Signature of applicant: \_\_\_\_\_

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