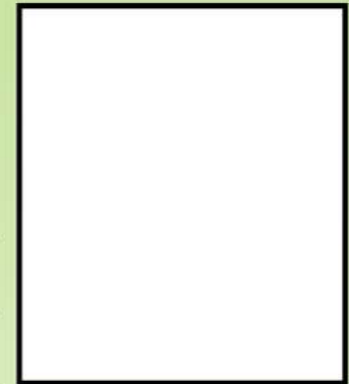




BHITAI Intitute of Physiotherapy & Rehabilitation Sciences

Admission Form



Name of Applicant: _____

Father's Name: _____

Mailing Address: _____

Permanent Address: _____

Tel: _____ Cell #: _____ Email: _____

Religion: _____ Nationality: _____ Date of Birth: (DD/MM/YY) _____ Age: _____

C.N.I.C #: _____ Father's Profession: _____

Office Address: _____ Office Phoe: _____ Cell#: _____

E-mail: _____ Guaridan's Profession: _____

Office Address: _____ Office Phone: _____ Res. Phone: _____

Fax #: _____ Cell #: _____ Email: _____

Residential Address: _____

• **Contact in Emergency:**

Name of Person: _____ Phone: _____ Cell # _____

Relationship: _____ Address: _____

• **Educational Qualification:**

(Kindly attach attested photocopies of the supporting documents)

Matric / Intermediate Certificate	College / Institute	Board / University	Grade / Marks	Year of Passing

• **Declaration:**

I certify that the above mentioned information is correct and complete in all regards and I am responsible for any misinformation provided. In case of any misinformation, my admission should be cancelled.

Date of Submission

Applicant's Signature