Harmain Institute of Health Sciences. FORM NO:00125

Hostel Form

																						i		F	as	te		
Name:																						d		P	ictı	ıre		
																			`									
Father's /Guardian's Na	ne:-						Τ																	Τ				
						1						<u> </u>																_
																												_
CNIC No:																												
CIVIC IVO.	-						-																					
Date of Birth :/	·																											
Nationality:									c	_ 	ail:																	
			-																									
																												_
Permanent Adress: Residential Phone No: Qualification:-																												_
Residential Phone No: _						Mo												ea	•		В	Boa	rd					_
Residential Phone No: _ Qualification:-						Mo				_								ea	·		В	Soa	rd					
Residential Phone No: _ Qualification:-						Mo				_								eaı	·		В	Boa	rd					
Residential Phone No: _ Qualification:-						Mo				_								eai	·		В	Boa	rd					
Residential Phone No: Qualification:- Certificate /Degree		Scho	pol/	'Co	lleg	Mo e	bile	e No	D:								Υ			stel				pay	/ al	l th	e c	
Residential Phone No: _ Qualification:-		Scho	pol/	'Co	lleg	Mo e	bile	e No	D:								Υ			stel				pay	/ al	l th	ec	
Residential Phone No: Qualification:- Certificate / Degree Undertaking:- I hereby u	ndertal	Scho	pol/	'Co	l leg	Mo e	e rı	e No	anc	d re	gula	itic	on o	of t	he i	ins	Y	e/	Hos	stel				pay	/ al	I th	e c	