Harmain Institute of Health Sciences.

(Affiliated with) "Pharmacy Council of Pakistan" Govt of Pakistan.

Service Road East Sohan Islamabad www.hihs.edu.pk Phone 051-2612333

РНОТО

APPLICATION FORM FOR ADMISSION IN (PT. Category "B" Program) COURSE (USE BLOCK LETTERS TO FILL THIS FORM)

Name							
NIC#	-		- 1	Date of Birth	-	-	
Father Name							
Nationality				Gender	r (Tick one)	Male Female	
Email							
Phone				Guardian Phone #			
Academic Reco	rd						
Examination Passed	Year	Roll No	Registratio	n Board			
Matric / O Level							
F.A / F.Sc / A level							
Graduation							
Permane	nt Address	5		Present Add	dress		
Name:		Name:					
Postal Address:				Postal Address:			
	e to abide by	all the Rules and	Regulation in	vogue and issued	from time to time	my knowledge. I have re e by the Management of	
Signature of Applicant					D	ate	
06 photocop06 passport s	ies of Matric ies of CNIC / size Colored I	B-form.					
FOR OFFICE USE	ONLY						
HIHS Admission No: PPC Registration No							
Admission Officer's Recommendations CEO Remarks and Decision for Admission							

Accounts Manager___