



# Bahawalpur Institute of Allied Health Sciences (BIAHS)

## Application Form

### BS(Hons) Audiology

Photograph

Session

Serial No: \_\_\_\_\_ (The form should be filled in block letters)

Name:

(As per SSC or equivalent certificate in BLOCK letters)

S/O,D/O:

Date of Birth (dd/mm/yyyy):

Gender: Male  Female

Place of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_ Nationality: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Perment Address: \_\_\_\_\_

Blood Group: \_\_\_\_\_

In Case of Emergency please contact:

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

Contact #: \_\_\_\_\_

#### Educational Record:

Qualification	Name of Board	Attempts	Total Marks	Marks Obtaine	Exam Roll No.	Annual / Supply	Passing Year
SSc (Science / Equivalent)							
F.Sc (Pre-Medical)							

Were you ever involved in criminal proceeding in a Court of Law? If Yes, attach brief account:

Certified that the facts produced are correct to the best of my knowledge.

Signature   
Applicants Father/ Guardian

Signature   
Applicant

NIC No:

NIC No:

Note: The instruction given in the admission policy in the prospectus on the revers of application before filling this form. Application shall pay Rs. 500 in admission office.

<b>For Office Use Only:</b>
Remarks/ Requirements:
Receipt No. : _____ Dated: _____
Checked by Member of Scrutiny Committee: _____ Chairman Scrutiny Committee: _____

***This is computer generated form***