



Rawal Institute of Rehabilitation Sciences

APPLICATION FORM

DOCTOR OF PHYSICAL THERAPY (DPT)

(Prior to Filling the Form Please Read the Instructions Carefully)

Photograph

Paste don't clip
With blue background
attach 3 extra passport size
and 1 extra 1x1/2" size

Application For Admission in Session _____

Please check ✓ (Applicable) Pakistani Citizen Expatriate Foreigner

Hostel Required

Yes No

Name of Student Mr./Miss.

(Capital Letters)

(As Per Matriculation Certificate)

Date of Birth Gender M F Blood Group _____ Disability _____

DD

MM

YY

Please check ✓

(if any)

CNIC # - B Form # _____

(Attach photocopy)

(Attach photocopy)

Marital Status _____ Religion _____ Domicile (District/Province) _____

Name of Father/Guardian

CNIC # -

(Attach photocopy)

Profession/Designation of Father/Guardian _____

Average Annual Income of Father/Guardian _____

Name of Mother _____

Postal Address _____

Permanent Address _____

Father's E-mail _____ Father's Mob: _____ Student's Mob: _____

(Tel / Mob # be written with country and city code)

Processing Fee Paid by Draft/Cash/Pay Order _____

Draft / Pay order Number _____

(For foreign students only, attach photocopy)

Passport No _____ Valid upto _____

Type of Visa _____ Valid upto _____

In case of Emergency, whom to contact (Parent's/Guardian) Tell # be written with country and city code.

Tel No. (Local) _____ Mob. No. _____

Academic Record

If any of the academic record asked has't been submitted, the application will be treated as "Provisional" and subject to cancellation unless the admission Office receives all record within one week of closing date. [\(Attach attested photocopies\)](#)

Level	Institution Attended, City	Year of Passing	Marks			Board / University
			Obtained	Max	%age	
Matric (SSC)/ O Level						
FSc / A Level						
Equivalence Certificate (For O, A Level/Foreigner)						

Extracurricular

Hobbies/Games _____ Distinction (if any) _____
[\(Please attach extra sheet to describe, if necessary\)](#)

Declaration

I declare that the above information provided by me is true to the best of my knowledge and belief. If anything found incorrect at any stage, the RIHS authorities have the right to cancel my admission. I have read and understood the college prospectus and the admission procedure. I agree to abide by the rules and regulations of Rawal Institute of Health Sciences about selection, discipline and other academic affairs.

Signature of Student

Place _____

Date _____

Left Thumb Impression
(In box)

Signature of Student
Parents/Guardian

Place _____

Date _____

For Office Use Only

Application Receipt Date _____					
Missing Documents if any					
College Entry Test Result		Interview		Over all merit	
	RIHS				
REGISTRATION NUMBER	PM&DC				
	UNIVERSITY				
Approved / Not Approved	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
College Fee Deposit Receipt No.	_____				
Hostel Fee Deposit Receipt No.	_____				

**Signature
Principal**

**Signature
Chairman**