



# Rawal College of Pharmacy

Al-Mehrban Road Madina Town Islamabad.

Ph:051-2617381-3

www.rihs.edu.pk

## Application Form For PHARM-D (Doctor of Pharmacy)

**(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 \_\_\_\_\_

Postel 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'nt 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 College of Pharmacy, 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	PCP				
	UNIVERSITY				
<b>Approved / Not Approved</b>	<input type="text"/>				
<b>College Fee Deposit Receipt No.</b>	_____				
<b>Hostel Fee Deposit Receipt No.</b>	_____				

\_\_\_\_\_  
Signature  
Principal

\_\_\_\_\_  
Signature  
Chairman