



Application Form

Photograph
1 x 1 Size to
be attested
after Pasting

School of Medical Technologists and Paramedics, HITEC-IMS Taxila Cantt
Session 2021-2022

Category applied for:	Medical Assistant	<input type="checkbox"/>			
HIT Employee Ward:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Father's Grade/ID_____)				
Name of the Applicant: (in block letters)					
Date of Birth:	Date <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>			
CNIC/B-Form Number (NADRA):	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Father's Name:					
Father's CNIC No :					
Domicile District					
Permanent Home Address:					
Present Address:					
Applicant's Mobile No:	Father's Mobile No:				
Qualification:	Total Marks	Obtained Marks	Percentage	Name of Institute	
	Matric				
	Physics				
	Chemistry				
	Biology				
Attested copies of documents attached (Please tick the relevant Box):					
Requirements:					
1: Matric Certificate	<input type="checkbox"/>	2: CNIC/B-Form	<input type="checkbox"/>	3:Domicile Certificate	<input type="checkbox"/>
				4: Photographs(06)	<input type="checkbox"/>
<input type="checkbox"/> I confirm that all the information provided in this application form is complete, factual and correct. I understand that my admission will be cancelled at any time if above information is proved false.					
Signature of Applicant:_____			Date:_____		

For Official Use Only:
College Roll Number:_____

Postal Address: Admission Office, HITEC-Institute of Medical Science, HIT, Taxila Cantt.
Contact: 0347-4718839 **Email: paramedics.school@hitec-ims.edu.pk**