



Application Form

School of Medical Technologists and Paramedics, HITEC-IMS Taxila Cantt Session 2024-2026 (Batch-IX)

Category applied for:	Medical Lab Technology <input type="checkbox"/>	OT Technology <input type="checkbox"/>	Dental Technology <input type="checkbox"/>	Radiography & Imaging Technology <input type="checkbox"/>
	Physiotherapy Technology <input type="checkbox"/>			

If applying for more than one category, give your Preference of choice
 Preference I _____ Preference II _____

HIT Employee Ward: Yes No (If Yes, Father's Grade/ID _____)

Name of the Applicant: (in block letters) _____

Date of Birth: _____
 Date: _____ Month: _____ Year: _____

CNIC/B-Form Number (NADRA): _____

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				
FSC				

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: _____

Attested copies of documents attached (Please tick the relevant Box):

Requirements:							Photograph
1: Matric Certificate	04	2: CNIC/B-Form	04	3: Domicile Certificate	04	4: Photographs	108 1 Size to

For Official Use Only:
 College Roll Number: _____
 Punjab Medical Faculty Registration no: _____

be attested after Pasting

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