# Central Park College of Allied Health Sciences

Central Park Housing Scheme,31-km Ferozepur Road, Lahore.
Ph: 042-35935336 Ext:106. Cell:0334-4262248

Photograph

## APPLICATION FORM
### Session 2020

**Course applied for:**

☐ Medical Laboratory Technology ☐ Radio-Imaging Technology ☐ Physiotherapy Technology
☐ Operation Theatre Technology ☐ Dispenser ☐ Anaesthesia Technology

Note: If applying in more than one give order of preference.

Name_____CNIC/Form B No: | | | | | | - | | | | | | | | - | |

Gender: ☐Male ☐Female Date of Birth:_____Domicile:_____

Father's Name:_____Occupation:_____

Address:_____

_____Email:_____

Mobile:_____Home ☎ :_____Office ☎ :_____

**QUALIFICATION DETAILS**

| No. | Qualification | Institution | Total Marks | Marks Obtained | Percentage | Year of Passing |
|---|---|---|---|---|---|---|
| 1 | Matric | | | | | |
| 2 | F.Sc. | | | | | |

**SCIENCE SUBJECTS**

| No. | Qualification | Physics | Chemistry | Biology | Aggregate percentage |
|---|---|---|---|---|---|
| 1 | Matric | | | | |
| 2 | F.Sc | | | | |

## DECLARATION

I Mr./Ms._____Son/Daughter of_____

An applicant for admission to Central Park College of Allied Health Sciences, Lahore, solemnly affirms that the information supplied by me is true to best of my knowledge & belief. I undertake that during course of study I will abide by the rules & regulations of the college & Punjab Medical Faculty. If found guilty for breach of discipline I would be liable for expulsion from college.

_____ _____ _____
Date Parent's/Guardian's Signatures Applicant's Signatures

**Important Note: Please attach the following documents of candidate with the form:**

1. Attested copy of Matric/F.Sc
2. Attested copy of CNIC/Form B
3. Four passport size recent photographs