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Central Park College of Allied HealthSciences

CentralParkHousingScheme,31-kmFerozepurRoad,Lahore.
Ph: 042-35935334 ext. 106

REGISTRATION FORM
DPT PROGRAM

Session 2020-25

Photograph

Name: _____ CNICNo. | | | | | | - | | | | | | | | - | |

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

Father'sName:_____Occupation:_____

Address:_____

_____Email: _____

Mobile:_____Home ☎ :_____Office ☎ :_____

QUALIFICATION DETAILS

No.	Qualification	Institution/ Board	Year of Passing	Board Roll No.	Total Marks	Marks Obtained	%age
1	Matric						
2	F.Sc.						

I solemnly declare that above information is true to the best of my knowledge and belief. I also affirm that I will follow the college & university regulations.

_____ _____ _____

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

Documents to be attached: Attested copies of Matric, Intermediate, Domicile, CNIC/B Form, 4Passport size Photographs