



ADMISSION FORM

MOOMAL INSTITUTE OF PHARMACEUTICAL & HEALTH SCIENCES (MIPHS)

B-6, Block-A, Main Autobhan Road Hyderabad. Ph # 021-26119144, 0315-2001297

S. No. _____

Registration No. _____

Paste here
Passport Size
Photograph

1. Select from following categories disciplines for Admission:-

Pharmacy Technician

PERSONAL INFORMATION

➤ Name of the Applicant:		➤ Date of Birth:	
➤ CNIC of applicant:		➤ Gender:	
➤ Father Name		➤ Blood Group:	
➤ Father CNIC No:		➤ Marital Status	
➤ Father Profession:		➤ Domicile:	
➤ Applicant's Cell No:		➤ Religion:	
➤ Emergency Contact No.		➤ Cast:	
➤ Email Address:		➤ Nationality:	
➤ Postal Address:			
➤ Permanent Address:			

ACADEMIC QUALIFICATIONS

Certificate	Board	Passing Year	Annual / Supplementary	Roll No	Marks Obtained	Total Marks	%age	%age of Science subjects only
Metric (SSC)								
Inter (HSSC)								
Others								

UNDERTAKING

I hereby certify that the information provided in this application form is correct. I undertake to abide by the rules and regulations of the **Moomal Institute of Pharmaceutical & Health Sciences** and the orders issued by the competent authorities from time to time. I also submit that my admission in the Institute is provisional and is subject to cancellation if any irregularity is found in my admission Form / Documents / Conduct etc at any stage. **Fees once paid will not be refunded under any circumstances.**

Applicant's Signature

Father's / Guardian Signature

Following Attested Documents (10each) along with 14 x Passport size Photographs should be attached with Admission Form:

- (1) Copy of DMCs (2) Domicile (3) Character Certificate (4) Copy of CNIC/B. Form of the Applicant
(5) Copy of CNIC Father/ Guardian

**For Office use only:-
Admission Committee:**