

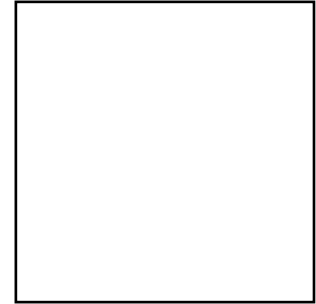


# Pakistan Institute of Ophthalmology

Al-Shifa Trust Eye Hospital Rawalpindi

Application Form for the Admission in Ophthalmic Technicians Training Course  
(02 Year Diploma Program affiliated with the Punjab Medical Faculty)

SESSION 2018-2020



Name: ..... Father Name: .....

Date of Birth: ..... Nationality.....

CNIC NO: ..... Religion: .....

Domicile: ..... Marital Status: .....

Phone number:..... Email: .....

Permanent address:.....

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Mailing address: .....

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## Educational Record

| Qualification | Year of Passing | Marks obtained / Total marks | Grade/ %age | %age in Science Subjects | Educational Institution / BISE |
|---------------|-----------------|------------------------------|-------------|--------------------------|--------------------------------|
|               |                 |                              |             |                          |                                |
|               |                 |                              |             |                          |                                |
|               |                 |                              |             |                          |                                |

**DECLARATION BY THE CANDIDATE:**

I, .....Son/Daughter of .....

do solemnly declare that the information given in this admission form is correct to the best of my knowledge and belief and if anything is found incorrect, the Institute will have the right to cancel my admission and expel me from the Institute at any point in time if found otherwise.

I promise to abide by the statutes, regulations, and rules in force at the time of joining the Institute and framed subsequently, maintain good behavior and conduct, and work diligently and maintain the dignity and prestige of the Institute both on and off the Campus.

I further undertake that I will not claim hostel accommodation as a matter of right if admitted in the Institute.

I accept as a condition of my admission the authority of the Institute to the effect that if in the opinion of the administration my stay is not conducive to the normal academic and community life on the campus, I will not hesitate to withdraw my name from the Institute after being called upon me to do so, and my admission will be treated as cancelled.

**Signature of the Candidate**

CNIC/B-Form Number:

**DECLARATION BY THE FATHER/GUARDIAN**

I,.....Father/Guardian of.....

am responsible for the good behavior and conduct of my son/daughter/ward, during his/her stay at the Institute and shall fully cooperate with the Institute authorities in this regard. I am enclosing a signed copy of my National Identity Card as proof of my undertaking.

**Signature of Father/Guardian**

CNIC Number:

***The attested copies of the following documents must be accompanied with the application form:***

- All the certificates of education mentioned on the first page of this form.
- All the detailed marks certificates of education mentioned on the first page of this form
- Character certificate issued by the institution last attended
- Domicile certificate of the candidate
- National Identity Card of the Candidate
- National Identity Card of the Candidate’s Father/Guardian
- Please attach bank draft/pay order for Rs. 1000/- in the name of “Al Shifa Trust Eye Hospital”