

ADMISSION FORM FOR DOCTOR OF PHYSICAL THERAPY (DPT) COURSE SESSION 2026-2030
(5 YEARS DEGREE PROGRAMME) Form No. _____

Examination Passed	Board/ University	Year of Passing	Total Marks	Marks Obtained	No of attempts	% age
Matric /SSC						
Intermediate/ HSSC						

C. **DECLARATION**

I hereby declare that the above mentioned information is correct according to the best of my knowledge. If anything found to be incorrect I shall be held responsible.

Date: _____

SIGNATURE OF APPLICANT

D. **Following Documents must be attached with application form.**

- 1. Two attested passport size current Photographs.
- 2. Attested Copy of Secondary School Certificate.
- 3. Attested Copy of Intermediate Certificate.
- 4. Attested Copy of applicants Domicile Certificate.
- 5. Attested Copy of Character Certificate.
- 6. Attested Copy of NIC/Form B.
- 7. Original Bank Receipt of Rs. 2000/-(Application Processing Fee)(Deposit in AIMC Branch)

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Name: - _____ Father's Name: _____

Receipt No. _____ Form No. _____ Dated _____

Documents Received

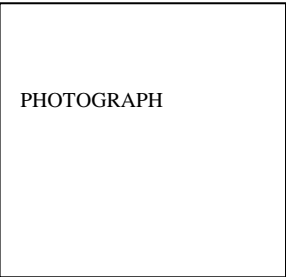
- 1. Two recent Photographs.
- 2. Copy of Secondary School Certificate.
- 3. Copy of Intermediate Certificate.
- 4. Copy of applicants Domicile Certificate.
- 5. Copy of Character Certificate.
- 6. Copy of CNIC/Form B.

Authorized Signature

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Name: - _____ Father's Name: _____

Receipt No. _____ Form No. _____ Dated _____



Authorized Signature