

**ALLAMA IQBAL MEDICAL COLLEGE/
JINNAH HOSPITAL, LAHORE.
DOCTOR OF PHYSICAL THERAPY (DPT)
AFFILIATED WITH UNIVERSITY OF HEALTH SCIENCES, LAHORE.**

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

A. PERSONAL DATA

1. Name: - _____

(IN BLOCK LETTERS)

2. Father's Name: _____

| D | M | Year |
|---|---|------|
| | | |

3. Gender _____ (4) Date of Birth: _____

| Y | M | D |
|---|---|---|
| | | |

4. Age (on last date of submission of application) _____

5. Religion: _____

6. Domicile: _____ (8) I.D. Card No: _____

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|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

7.(a) Present Address: _____

(b) Permanent Address: _____

(c) Phone No. _____ (d) Cell No. _____

8. Father CNIC No. _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

(a) Occupation: _____

(b) Office/Job Address: _____

(c) Phone No (Residence) _____ (d) Phone No (Job) _____

(e) Cell No _____ (f) Fax # _____

9. Guardian's Name: _____

(a) Guardian's CNIC No. _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

(b) Exact relation with the applicant: _____

(c) Occupation: _____

(d) Office/Job Address: _____

(e) Phone No. (Residence) _____ (f) Phone No (Job) _____

(g) Cell # _____ (h) Fax # _____

B. ACADEMIC DATA

| 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)

Name: - _____ Father's Name: _____

Receipt No. _____ Form No. _____ Dated _____

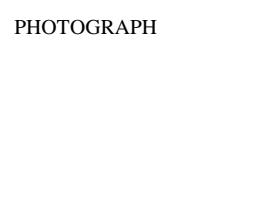
Documents Received

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

Name: - _____ Father's Name: _____

Receipt No. _____ Form No. _____ Dated _____



Authorized Signature