



INSTITUTE OF ALLIED HEALTH SCIENCES

ALLAMA IQBAL MEDICAL COLLEGE, LAHORE

ADMISSION FORM FOR BS HONS ALLIED HEALTH SCIENCES PROGRAMS



Serial No. _____ For Office Use Only	Roll No. _____ For Office Use Only	TEST DATE: 12-10-2026 (11:15 to 1:15 PM)
Program: ☐ BS Hons MLT ☐ DPT		

NOTE:

- The form shall be submitted to the Admission Office, Institute of Allied Health Sciences, Allama Iqbal Medical College, Lahore.
- The name/spelling of the candidate and father/guardian name must be written correctly as per Matric/Equivalent Certificate.
- Please fill in the form clearly in CAPITAL letters and avoid overwriting or mistakes.
- Incomplete or incorrect admission forms may not be considered.
- Wherever choice boxes are provided, tick (☒) the appropriate answer.
- The Admission Test is scheduled for **12-10-2026. (11:15 to 1:15)**

APPLICANT'S PERSONAL INFORMATION

Full Name (first, middle, last): _____ Father's Name (first, middle, last): _____ CNIC / B-Form No.: _____ Date of Birth (DD / MM / YYYY): _____ Gender: ☐ Male ☐ Female Domicile District: _____ Mobile / Telephone Number: _____ E-mail Address: _____	AFFIX PHOTOGRAPH HERE
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MAILING / PERMANENT ADDRESS

Mailing Address	
Permanent Address:	

ACADEMIC QUALIFICATION

Examination	Institution / Board	Year	Marks Obtained	Total Marks
Matric / O-Level (Equivalence by IBCC)				
F.Sc / A-Level / (Equivalence by IBCC)				
Other Qualification (if any)				

ADMISSION FORM — PAGE 2

DOCUMENTS TO BE ATTACHED

Attested Document	Attached
☐ Matric Certificate / Result Card	☐ Yes ☐ No
☐ F.Sc / A-Level/ Result Card / Equivalence Certificate	☐ Yes ☐ No
☐ CNIC / B-Form Copy	☐ Yes ☐ No
☐ Domicile Certificate	☐ Yes ☐ No
☐ Recent Photographs (03) Attested One Front side & 2 Back side	☐ Yes ☐ No
☐ Any other required document	☐ Yes ☐ No

CERTIFICATE / DECLARATION BY THE APPLICANT

I hereby solemnly declare that the information provided and statements made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. I shall be responsible if my application for m is rejected for any errors, wrong or incomplete entries made by me. I agree to abide by the rules and regulations of the Institute of Allied Health Sciences, Allama Iqbal Medical College, Lahore.

Date: _____	Signature of Applicant: _____
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FOR OFFICE USE ONLY

Application Received By		Date	
Documents Verified By		Signature	
Test Roll No.		Status	☐ Eligible ☐ Not Eligible

ADMISSION TEST ROLL NO. SLIP

INSTITUTE OF ALLIED HEALTH SCIENCES, ALLAMA IQBAL MEDICAL COLLEGE, LAHORE

FOR TEST ADMINISTRATION

Test Date	12-10-2026 (11:15 AM TO 1:15 PM)
Test Roll No.	
Program	☐ BS Hons MLT ☐ DPT
Name	
Father's Name	
CNIC / B-Form No.	

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Note: Mobile phones, smart watches and other electronic devices are prohibited in the test hall.

Signature of Candidate: _____

Authorize Signature: _____

ADMISSION TEST ROLL NO. SLIP

INSTITUTE OF ALLIED HEALTH SCIENCES, ALLAMA IQBAL MEDICAL COLLEGE, LAHORE

FOR CANDIDATE

Test Date	12-10-2026 (11:15 AM TO 1:15 PM)
Test Roll No.	
Program	☐ BS Hons MLT ☐ DPT
Name	
Father's Name	
CNIC / B-Form No.	

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Note: Mobile phones, smart watches and other electronic devices are prohibited in the test hall.

Signature of Candidate: _____

Authorize Signature: _____