



**INSTITUTE OF ALLIED HEALTH SCIENCES**  
**WAH MEDICAL COLLEGE**  
**APPLICATION FORM 2021-22**

Serial No: \_\_\_\_\_

Course applied for:- Medical Imaging Tech  Medical Laboratory Tech  Associate Degree in Blood Transfusion Medicine

Status / Category

Open Merit Seat

**Active Whats App Number for Roll # Slip:** \_\_\_\_\_

Please write in block letters using blue or black ink. Complete all sections. Incomplete/illegible forms will not be considered.

1. Name: .....

.....

2. Date of Birth: 

		-			-				
d	d		m	m		y	y	y	y

3. Nationality: .....

Passport  
Size Photograph  
(Attested at back)

4. CNIC Number/B-Form: 

					-									-	
--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--

5. Phone Number: Home: ..... Mobile: .....

6. E-mail: ..... Active Whatsapp No: .....

7. Residential Address: .....

.....

8. Father's Name/Guardian's Name:(with CNIC No.) .....

					-									-	
--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--

9. Father's Occupation: .....

10. Father's/Guardian's E-mail Address: .....

11. Any previous admission in a professional college: .....

12. Emergency Contact Person:

Name & Relation: .....

Telephone Number Office: ..... Res: ..... Mobile: .....

13. <b>ACADEMIC RECORD</b>						
Examination	Year of Passing	Name of the Board / Institution	Total Marks	Marks Obtained	Grade	Percentage of Marks Obtained
Matric / O-Levels						
F.Sc /A-Levels						
F.Sc. Medical Technology						
Speciality (Please Specify) _____						
Any other Qualification						

14. No hostel accommodation provided

15. **DECLARATION**

I, Mr./Ms/Mrs. \_\_\_\_\_ Son/ Daughter /Wife of \_\_\_\_\_, declare that the above information provided by me is correct. I have read and understood the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of the Institute. I have adequate financial resources to support my studies at the Institute. I fully understand that all fees, once paid are not refundable under any circumstances, I will not object any additional charges levied in the future by the Government, University or Institute.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CHECKLIST**

- Application form.
- Attested five Passport size photographs.
- Institute Prospectus and Admission Processing Fee Rs. 2000/-.
- Attested photocopy of Matriculation or equivalent qualification with IBCC equivalence Certificate.
- Attested photocopy of FSc. or equivalent qualification with IBCC equivalence certificate.
- Attested copy of CNIC of self & father / Guardian.( Provide B Form if candidates' NIC has not yet made.)
- Attested copy of Domicile.

**FOR OFFICE USE ONLY**

Application received by	
Application receiving date	
Entry test admit card number	
Admission process fee received by	



**INSTITUTE OF ALLIED HEALTH SCIENCES**  
**WAH MEDICAL COLLEGE**

Official Copy

**ROLL NO SLIP FOR ENTRANCE TEST 2021-22**

Serial No.: \_\_\_\_\_

Name : \_\_\_\_\_

S/O, D/O, W/O : \_\_\_\_\_

Roll No / Form No : \_\_\_\_\_

Examination : Medical Imaging Tech  Medical Laboratory Tech  Associate Degree in Blood Transfusion Medicine

Examination Center : Wah Medical College Wah Cantt

Entrance Test Date : \_\_\_\_\_

Passport  
Size Photograph  
(Attested at back)

\_\_\_\_\_  
Issuance Authority

Institute of Allied Health Sciences, Wah Medical College, The Mall, Wah Cantt.

Website: [www.iahswmc.edu.pk](http://www.iahswmc.edu.pk) e-mail: [info@iahswmc.edu.pk](mailto:info@iahswmc.edu.pk)

[iahs.wmc@gmail.com](mailto:iahs.wmc@gmail.com)

Phone: 051- 9094000 Fax: 051- 9314373



**INSTITUTE OF ALLIED HEALTH SCIENCES**  
**WAH MEDICAL COLLEGE**

Student Copy

**ROLL NO SLIP FOR ENTRANCE TEST 2021-22**

Serial No.: \_\_\_\_\_

Name : \_\_\_\_\_

S/O, D/O, W/O : \_\_\_\_\_

Roll No / Form No : \_\_\_\_\_

Examination : Medical Imaging Tech  Medical Laboratory Tech  Associate Degree in Blood Transfusion Medicine

Examination Center : Wah Medical College Wah Cantt

Entrance Test Date : \_\_\_\_\_

Passport  
Size Photograph  
(Attested at back)

\_\_\_\_\_  
Issuance Authority

Institute of Allied Health Sciences, Wah Medical College, The Mall, Wah Cantt.

Website: [www.iahswmc.edu.pk](http://www.iahswmc.edu.pk) e-mail: [info@iahswmc.edu.pk](mailto:info@iahswmc.edu.pk)

[iahs.wmc@gmail.com](mailto:iahs.wmc@gmail.com)

Phone: 051- 9094000 Fax: 051- 9314373