



INSTITUTE OF ALLIED HEALTH SCIENCES

WAH MEDICAL COLLEGE

APPLICATION FORM 2023

Serial No: _____

Course applied for:- F.Sc Medical Imaging Technology (02 Years) ☐ F.Sc Medical Laboratory Technology (02 Years) ☐
Bachelor of Science in Medical Laboratory Technology (04 Years) ☐ Associate Degree in Blood Transfusion Medicine (02 Years) ☐

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.)

						-									-	
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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. ACADEMIC RECORD						
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 <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Applicant's Signature </div> <div style="width: 30%; text-align: center;"> _____ Signature of Parent/Guardian </div> <div style="width: 30%; text-align: center;"> _____ Date </div> </div>						
CHECKLIST						
<ul style="list-style-type: none"> ■ 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 2023

Serial No.: _____

Name : _____

S/O, D/O, W/O : _____

Roll No / Form No : _____

F.Sc Medical Imaging Technology (02 Years) ☐ F.Sc Medical Laboratory Technology (02 Years) ☐

Examination :

B.Sc in Medical Laboratory Technology (04 Years) ☐ Associate Degree in Blood Transfusion Medicine (02 Years) ☐

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 e-mail: info@iahswmc.edu.pk

Phone: 051- 9314387



INSTITUTE OF ALLIED HEALTH SCIENCES
WAH MEDICAL COLLEGE

Student Copy

ROLL NO SLIP FOR ENTRANCE TEST 2023

Serial No.: _____

Name : _____

S/O, D/O, W/O : _____

Roll No / Form No : _____

F.Sc Medical Imaging Technology (02 Years) ☐ F.Sc Medical Laboratory Technology (02 Years) ☐

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