FEDERAL INSTITUTE OF HEALTH SCIENCES

MUZAFFARABAD CAMPUS

Photograph

NOTE: Please fill all the columns given below using ball point pen.

Form No._____

Applicant's Name (in Block Letters)

Date of Birth: D D M M Y Y

Gender M F X

National Identity Card No./Form-B

Father's Name: (in Block Letters)

Postal Address:

Domicile: **City** _____ **Postal code**

Applicant Mobile No. (Mandatory)

Parent/Guardian Mobile No. (In case of Emergency) (Mandatory)

Academic Record:

Name of Board University	Total Marks	Marks Obtained	Exams Roll No	Year of Passing	Grade/Division

Please tick ✓ **the program applied for: -** **DPT** ☐ **BS (Hons)** ☐

Subjects Code List

Code	Subject	Code	Subject
CS	Computer Science & IT	ST	Statistics
ENG	English	PSY	Psychology
MAT	Mathematics	Ed 1	B.Ed (Hons) Elementary
DPT	Doctor of Physical Therapy	Ed 2	B.Ed (Hons) Secondary

Choice of Subject: (Please write the code of subject from the list given Above)

If you are submitting the application for any other subject /Discipline or Category, please mention below

Signature of the Applicant_____ **Date** _____