



FEDERAL INSTITUTE OF HEALTH SCIENCES
MUZAFFARABAD CAMPUS
PHARMACY TECHNICIAN



Sr. No: _____.

Applicant Name: _____ Date of Birth: _____

Applicant's Father / Guardian Name: _____ Father's Occupation: _____

Caste: _____ Domicile: _____

Permanent Address: _____

Postal Address: _____

Applicant Cell No: _____ Applicant's father / Guardian Cell No: _____

Educational Record:

Name of Board University	Total Marks	Marks Obtained	Exams Roll No	Year of Passing	Others

Signature Applicant

Signature Applicant's Father / Guardian

CNIC / Form B: _____

CNIC: _____

For Office Use Only

Remarks of Admission Officer:

Remarks of Admission Committee:

Sr. No. _____

Received: _____

Signature Admission Officer: _____

Date: _____