Affix a Photograph of Passport Size

**Admission Form**

**Date: Application ID:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Student:** | | | | | | | **Father’s Name:** | | | | | | | | |
| **DOB:** | | | | | | | **Mark of Identification:** | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | |
| **City:** | | | **District:** | | | | | | | **Province:** | | | | | |
| **Contact No:** | | | | | | **Father’s /Guardian CNIC** | | | | | | | | | |
| **Age:** | **Nationality:** | | | | | **Religion:** | | | | | | | **Domicile:** | | |
| **CNIC No.** | | | | | | | | **Gender:** | | | | | | | |
| **Hostel Accommodation:**  **Required/ Not Required** | | | | | | | | **Transport Facility:**  **Required / Not Required** | | | | | | | |
| **In Case of Emergency** | | | | | | | | | | | | | | | |
| **Name:** | | | | | **Relation:** | | | | | | **Contact No.** | | | | |
| **Name:** | | | | | **Relation:** | | | | | | **Contact No.** | | | | |
| **Parents/ Guardian Information** | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | **Occupation:** | | | | | | | |
| **Contact No.** | | | | | | | | **Company / Office:** | | | | | | | |
| **Educational Information** | | | | | | | | | | | | | | |
| **Degree** | | **Passing Year** | | **Obtained Marks** | | | | | **Total Marks** | | | **Institute** | | **Board** |
| **Matriculation** | |  | |  | | | | |  | | |  | |  |
| **Intermediate** | |  | |  | | | | |  | | |  | |  |
| **Other Qualification** | |  | |  | | | | |  | | |  | |  |

***Document to be enclosed with application form:***

1. ***Coloured photographs (6 recent passport size)***
2. ***Secondary school certificates showing date of birth (6 copies) Result card and degree***
3. ***Detailed marks certificate of F.SC (pre-medical) (6 copies)***
4. ***Character certificate from the institute last attended. (6 copies)***
5. ***B-form/CNIC (6 copies)***
6. ***Father/Guardian CNIC (6 copies)***
7. ***Domicile (6 copies)***
8. ***Physical fitness certificate (original photocopy) from a registered medical practitioner.***

**Declaration by the applicant and parent/guardian**

I have read the application form and prospectus of Imran Idrees College of Pharmacy (IICP). I am fully aware of the details of the teaching program. If admission granted, I undertake to pay my tuition fee and all other dues to IICP regularly and without delay. I also undertake to abide by the rules and regulations of IICP. I further certify that the information provided in the application form is true to the best of my knowledge. I fully understand that no partial or total refund allowed at all after the deposit of the college fee.

NOTE:

1. Admission will be granted fully on merit.
2. Registration fee is non-refundable.
3. Once the session starts registration fee and tuition fee will not be refundable.

Sign of applicant: ------------------ Sign of parent/guardian: -------------------

**For office use only**

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| Comments  Decision |

Signature of Principal: -----------------------