



# Ambassador Medical Institute

## APPLICATION FORM FOR ADMISSION

Session \_\_\_\_\_

Paste three  
Photographs

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

(The form should be filled in BLOCK letters)

Note: Please read the instructions given on the reverse of application form before filling this form.

1. Please tick (✓) only one program/discipline applying for?
2. Submit separate application form for applying against more than one program/discipline.

**Disciplines:**

Pharmacy-B

Name: \_\_\_\_\_ Father/Husband Name: \_\_\_\_\_

(As per SSC or equivalent certificate in BLOCK/letters)

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Male / Female

Domicile: \_\_\_\_\_ CNIC No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact No. (Tel: Rs) \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

In case of emergency please contact: Name & Parentage: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Tel: \_\_\_\_\_

### EDUCATIONAL RECORD:

S.No	Qualification (SSC & onward)	Year of Passing	Annual/Semester	Total Marks	Obtained Marks	%age Marks	Name of Board / University
1.							
2.							
3.							
4.							
5.							

Where you ever involved in criminal proceeding in a Court of Law? If yes, attach brief account: \_\_\_\_\_

Certified that the facts produced are correct to the best of my knowledge:-

Signature of the Applicant

Signature of the Applicant's Father/Guardian

CNIC No. \_\_\_\_\_

**For office Use only**

Remarks / Requirements (Scrutiny Committee)

Checked by Member of Scrutiny Committee: \_\_\_\_\_ Chairman Scrutiny Committee: \_\_\_\_\_

**Attach attested photocopies of the following documents with the application form in the following sequence:-**

**Note: Check (√) the relevant box for the attached documents**

Three Passport size coloured photographs of the applicant attested on the back.

Copy of Transcripts and certificates of SSC, HSSC examinations.

Copy of any other higher relevant qualification.

Copy of the valid registration of the relevant council of the professional academic qualification (*where applicable*).

A copy of Computerized National Identity Card.

A copy of Computerized National Identity Card of the father/guardian of the applicant/

A copy of Domicile Certificate (*domicile certificate once submitted with the application form will no be changed*).

Copy of NOC (*for in service candidates only*).

### **IMPORTANT NOTES/INSTRUCTIONS**

1. All applicants must appropriately fill and sign the admission form. **Incomplete/noe property filled form in any aspect will be rejected.** Avoid rewriting/cutting, while filling the form.
2. Application forms with any **false statement** by the candidate will be rejected
3. If any certificate submitted by the candidate is found **false, or forged** during his/her **study period** hi/her admission shall be cancelled forthwith and he/she shall be **blacklisted** for admission. Further legal action can be taken against the student under the existing criminal laws.
4. application form should be submitted on due date to the office of the **Managing Director, Nishterabad, Opp: Technical Training Center, Peshawar Pakistan. Tel: 0336-8855689**