

Serial No.: 000002



Liaquat National School of Physiotherapy APPLICATION FORM

- Doctor of Physical Therapy 5-Years Program
 MS Physical Therapy 2-Years Program

PHOTOGRAPH

Personal Information

Name: _____
Father's Name: _____ Father's Occupation: _____
Present Address: _____
_____ Tel. No. _____ E-mail: _____
Postal Address: _____
_____ Tel. No. _____ E-mail: _____
Gender: _____ Date of Birth: _____ Place of Birth: _____
Religion: _____ Marital Status: _____ Nationality: _____
Domicile: _____ C.N.I.C. / B.Form No. _____

Academic Qualification

Qualification	Year of Passing	Grade / Division	Subjects	Board / University / Institution
Graduation				
Higher Sec./A Level				
Matric / O Level				

Extra Curricular

- Sports Position Held: _____ Duration with dates: _____
- Responsibility in Union or Committee Position Held: _____ Duration with dates: _____
- Political Affiliation: _____
- Any other interest: _____

Any relative working in this hospital? YES / NO
(if Yes: Give his / her / their names with designation & relationship)

- _____
- _____

References

(Give names of 2 persons known to you, other than relatives.)

1. Name: _____ Occupation / Position _____
Address (Res.): _____
_____ Tel. No. _____
Address (Off.): _____
_____ Tel. No. _____
Known since (which capacity): _____
2. Name: _____ Occupation / Position _____
Address (Res.): _____
_____ Tel. No. _____
Address (Off.): _____
_____ Tel. No. _____
Known since (which capacity): _____

I solemnly declare that the information given in this application is true to the best of my knowledge and I understand that any false statement will render me liable for termination from my admission.

_____ Date

_____ Signature of Candidates

IMPORTANT INSTRUCTIONS AND DOCUMENTS REQUIRED TO BE ATTACHED

1. Application for admission must be on the prescribed application form, along with the following supporting documents duly attested by a Gazetted Officer of BPS-18 or above.
2. 2 photocopies of Matriculation Certificate / 10th Grade/O-level Equivalence Certificate issued by IBBC.
3. 2 photocopies of Matriculation Marks sheet / Transcripts of 10th Grade/O-level.
4. 2 photocopies of Intermediate Science (HSSC) Pre-Medical Marks sheet or equivalent Certificate of 12th grade/A-level issued by the IBBC.
5. 4 recent photographs.
6. 2 photocopies of candidate's National Identity Card, if the candidate has attained the age of eighteen years or 'B' form if he/she is below the age of eighteen years.
7. Certificate of Hope by the College / Institution that candidate will score more than 60% marks in his/her Intermediate (Pre-Medical) or equivalent examination 2012 in case if the result is awaited.
8. Domicile / Permanent Resident Certificate.
9. Any other document in original or photostat can be demanded at any time as per requirement of the case of the individual.
10. Photocopies of documents once submitted will not be returned.

For Office Use Only

Remarks _____



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Duplicate

**Liaquat National School of Physiotherapy
ADMIT CARD**

Name: _____

Father's Name: _____

Applied for: _____

PHOTOGRAPH

Signature of Candidate

Authorized Signature

Note: Bring the admit card at the time of the written test or interview, otherwise you will not be entertained.



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Original

**Liaquat National School of Physiotherapy
ADMIT CARD**

Name: _____

Father's Name: _____

Applied for: _____

PHOTOGRAPH

Signature of Candidate

Authorized Signature

Note: Bring the admit card at the time of the written test or interview, otherwise you will not be entertained.

For further information, contact at
(+92 21) 3441 2523, 3441 2443, 3441 2512
E-mail: lnsop@lnh.edu.pk

Liaquat National School of Physiotherapy, Liaquat National Hospital
National Stadium Road, Karachi-74800, Pakistan. Tel: (192 21) 3493 9612-18, Fax : (+92 21) 3493 8386

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