



# Central Park College of Allied Health Sciences

Central Park Housing Scheme, 31-km Ferozepur Road, Lahore.

Ph: 0313-4637977 / 0423-5935335



## APPLICATION FORM

Session 2022-23

Photograph

### Course applied for:

- Medical Laboratory Technician     Radio-Imaging Technician     Anesthesia Technician  
 Operation Theatre Technician     Dispenser     Dialysis

Note: If applying in more than one give order of preference.

Name \_\_\_\_\_ CNIC/Form B No: 

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Gender:  Male  Female    Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home : \_\_\_\_\_ Office : \_\_\_\_\_

### QUALIFICATION DETAILS

No.	Qualification	Institution / Board	Total Marks	Marks Obtained	Percentage	Year of Passing
1	Matric					
2	F.Sc.					

### SCIENCE SUBJECTS

No.	Qualification	Physics	Chemistry	Biology	Aggregate percentage
1	Matric				
2	F. Sc				

### DECLARATION

I Mr./Ms. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_

An applicant for admission to Central Park College of Allied Health Sciences, Lahore, solemnly affirms that the information supplied by me is true to best of my knowledge & belief. I undertake that during course of study I will abide by the rules & regulations of the college & Punjab Medical Faculty. If found guilty for breach of discipline I would be liable for expulsion from college.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's/Guardian's Signatures

\_\_\_\_\_ Applicant's Signatures

**Important Note: Please attach the following documents of candidate with the form:**

- 4 readable copies of Matric
- 3 copies of CNIC / Form B
- 4 passport size recent photographs (Blue Background)
- 3 readable copies of Domicile