Central Park College of Allied Health Sciences Central Park Housing Scheme, 31-km Ferozepur Road, Lahore. Ph: 042-35935334 Ext: 120. / 0423-5935335 APPLICATION FORM FOR DPT PROGRAM Session 2021-26 Degree Program applied for:							re.	notograph	
Doctor of Physical Therapy									
NameCNIC/Form B No:									
Gender: Male Female Date of Birth:Domicile:									
Father's Name:Occupation:									
Address:									
						Email:			
Mobil			Home 🕋 :						
QUA	LIFICATION DE	TAILS							
No.	No. Qualification Institution / Board			Total Marks		Marks Obtained	Percentage	Year of Passing	
1	Matric								
2	F.Sc.								
SCIE	NCE SUBJECT	S							
No.	Qualification	Physics	Chem	istry	Biology Ag		Aggregat	gregate 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 program of study I will abide by the rules & regulations of the college & University of Health Sciences. 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:

- 1. Attested copy of Matric & F.sc
- 2. Attested copy of CNIC / Form B
- 3. Four passport size recent photographs (Blue Background)
- 4. Attested copy of Domicile