



Akhuwat-Faisalabad Institute of Research Science and Technology

affiliated with

University of Health Sciences, Lahore

Please write in capital letters

Name: _____

Father's Name: _____

CNIC No.: _____

Nationality: _____ Date of Birth: _____

Religion: _____ Sect: _____

Mobile No.: _____ Place of Birth: _____

PTCL No.: _____ Email ID: _____

Postal Address: _____

Previous Qualifications

Certificate/ Degree	Passing Year	Board/University	Marks Obtained	Total Marks	Grade

I undertake that the information provided to the Akhuwat-Faisalabad Institute of Research Science and Technology are correct according to the best of my knowledge and if I fail to fulfill the eligibility criteria for admission, the institute can cancel my admission at any stage if admitted. I will observe the rules and regulations of the institute as prescribed in the prospectus.

Signature of applicant: _____

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