

**ALLAMA IQBAL MEDICAL COLLEGE/
JINNAH HOSPITAL, LAHORE.
B.Sc (HONS) MEDICAL LABORATORY TECHNOLOGY
AFFILIATED WITH UNIVERSITY OF HEALTH SCIENCES, LAHORE.**

ADMISSION FORM FOR B.Sc (HON'S) MEDICAL LAB TECHNOLOGY COURSE SESSION 2023-2026.

(4 YEARS DEGREE PROGRAMME)

Form No. _____

A. PERSONAL DATA

1. Name:- _____
(IN BLOCK LETTERS)

2. Father's Name: _____

3. Gender _____ (4) Date of Birth:

D	M	Year

5. Age (on last date of submission of application)

Y	M	D

6. Religion: _____

7. Domicile: _____ (8) I.D. Card No:

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09.(a) Present Address: _____

(b) Permanent Address: _____

(c) Phone No. _____ (d) Cell No. _____

10. Father CNIC No.

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(a) Occupation: _____

(b) Office/Job Address: _____

(c) Phone No (Residence) _____ (d) Phone No (Job) _____

(e) Cell No _____ (f) Fax # _____

11. Guardian's Name: _____

(a) Guardian's CNIC No.

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(b) Exact relation with the applicant: _____

(c) Occupation: _____

(d) Office/Job Address: _____

(e) Phone No.(Residence) _____ (f) Phone No (Job) _____

(g) Cell # _____ (h) Fax # _____

Receipt No. _____ Form No. _____

Dated _____

Documents Received

1. Two recent Photographs.
2. Copy of Secondary School Certificate.
3. Copy of Intermediate Certificate.
4. Copy of Diploma.
5. Copy of applicants Domicile Certificate.
6. Copy of Character Certificate.
7. Copy of CNIC/Form B.

Authorized Signature

2. Father/Guardian's Income: _____

(a) Annual Income from all sources Rs: _____

(b) Income Tax paid during the previous year Rs. _____

B. ACADEMIC DATA

(a)

Examination Passed	Board/ University	Year of Passing	Total Marks	Marks Obtained	No of attempts	% age
Matric /SSC						
Intermediate/ HSSC						
Diploma In Lab Technology From NIH Islamabad						

(b) Any other information: _____

(c) Additional Qualification: _____
(including Hafiz Quran etc.)

C. DECLARATION

I hereby declare that the above mentioned information is correct according to the best of my knowledge. If anything found to be incorrect I will be held responsible.

Date: _____

SIGNATURE OF APPLICANT

D. Following Documents must be attached with application form.

1. Two attested passport size current Photographs.
2. Attested Copy of Secondary School Certificate.
3. Attested Copy of Intermediate Certificate.
4. Attested Copy of Diploma. (If applicable)
5. Attested Copy of applicants Domicile Certificate.
6. Attested Copy of Character Certificate.
7. Attested Copy of NIC/Form B.
8. Original Bank Receipt of Rs. 500/- (Application Processing Fee)

Pls- Account No 12447900103501
HABIB BANK LIMITED
ALLAMA IQBAL MEDICAL COLLEGE
COMPLEX BRANCH LAHORE

Bank Challan No _____ Dated _____
Credit:- Allama Iqbal Medical College Lahore.
Name. _____

Father Name _____

Present Address _____

Roll No _____ Year _____

MLT Farm

1 Form Fee 500

Grand Total 500/-

Received Rs. _____

Officer

Cashier

Pls- Account No 12447900103501
HABIB BANK LIMITED
ALLAMA IQBAL MEDICAL COLLEGE
COMPLEX BRANCH LAHORE

Bank Challan No _____ Dated _____
Credit:- Allama Iqbal Medical College Lahore.
Name. _____

Father Name _____

Present Address _____

Roll No _____ Year _____

MLT Farm

1 Form Fee 500

Grand Total 500/-

Officer

Cashier

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Present Address _____

Roll No _____ Year _____

MLT Farm

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Grand Total 500/-

Officer

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ALLAMA IQBAL MEDICAL COLLEGE
COMPLEX BRANCH LAHORE

Bank Challan No _____ Dated _____
Credit:- Allama Iqbal Medical College Lahore.
Name. _____

Father Name _____

Present Address _____

Roll No _____ Year _____

MLT Farm

1 Form Fee 500

Grand Total 500/-

Officer

Cashier