

SR.No_____

SOUTH CITY INSTITUTE OF PARAMEDICS

APPLICATION FORM

For the Session 2018-19

(Kindly fill application in block letters)

DIPLOMA APPLYING FOR:	
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Name	
Father's Name	
CNIC NO:	
Domicile	
Contact no	
Date of birth	
Gender	
Religion	
Residence Address	
Mobile number	
Email address	

ACADEMIC QUALIFICATION

Level of Study	Subjects	Years	Marks/Grade	Name of Institute
Matriculation / O Levels / Equivalent				
Intermediate / A Level / Equivalent				
Other(s)				

DECLARATION

I solemnly declare that I has read the rules and regulations of the Institute and I shall abide by them and that if I violate the disciplinary rules of the institute, the institute reserves the right to inform my parent/guardian and ask me to leave the institute.

Date: _____

Signature of Student

Signature of Guardian

DOCUMENT CHECK LIST

List of Documents	YES	NO
Matriculation / O-Level Marks Sheet		
Matriculation / O-Level Certificate		
Candidates' Domicile		
Candidates PRC		
4 Passport Size Photograph		
Parent's Guardian's CNIC		
Candidates CNIC / B-Form		

ADMIT CARD

Candidates Copy

1 x 1 Size
Picture

Name: _____ Father's Name: _____

Postal Address: _____

Tel No: _____ Mobile No: _____ Email: _____

Candidate Signature

Office Seal & Signature

ADMIT CARD

Office Copy

1 x 1 Size
Picture

Name: _____ Father's Name: _____

Postal Address: _____

Tel No: _____ Mobile No: _____ Email: _____

Candidate Signature

Office Seal & Signature