

Application Form for Admission in

Post Graduate Diploma in Respiratory Therapy

2x Passport size
photographs duly attested

For Office Use

Application Number

Personal Data (Fill in Capital Letters Using Black Ball Point)

Applicant's Name

Date of Birth -- dd-mm-yy Age years Gender: M F

Marital Status: Married Unmarried

Present Address

District Country

Phone: Res _____ Cell: _____ E-mail: _____

Permanent Address

District Country

Candidate's Nationality

Candidate's CNIC No. --

RMI Staff: Yes No

Father's Name Alive Deceased

Name of Guardian [If other than Father]

Relationship with Guardian

Father's Profession [Exact designation]

Address

District Country

Phone: Office: _____ Cell: _____ E-mail: _____

Occupation of Guardian

Annual Income Father/Guardian in Pak Rupees _____

Educational / Qualifications

(Please attach attested photocopies of the supporting documents)

Degree	Name & Location of School	Examination Board	Year of Passing	Division / Grad / GPA
Matriculation				

Employment

Employment	Total Experience	Status	
		Part Time	Full Time
Name & Location of Organization _____ Designation _____ Dept. _____ Date of Employment: From _____ To _____			

Co-curricular Activities

Application Procedure

- Admission form is available at Student affairs office Rehman College of Allied Health Sciences.
- Form duly filled with attached complete set of Documents to be sent to Student affairs office ,5th floor. Rehman College of Allied Health Sciences, Phase 5 ,Hayatabad Peshawar Pakistan.

Checklist of Documents (attested photocopies) to be attached with Application Form

- Secondary School Certificate (Matric) and intermediate certificate along with detailed Marks Certificates from Board of Intermediate and Secondary Education /Equivalence certificate form IBCC
- Degree/Transcrip in Emergency Care Technology/ICU Technology/Anesthesia Technology/Healthcare Technology
- CNIC of Applicant and father /guardian.
- Copies of all experience certificates
- Domicile certificate
- 2x recent original passport size photographs
- NOC from Institute of Current employer

Note: Fee = PKR 60,000/- Per Semester

Declaration: The information that is provided are correct without any doubt.

Name _____

Applicant Sign. _____

Date _____