



FRONTIER INSTITUTE OF MEDICAL SCIENCES

Affix passport
size photograph
with glue

ADMISSION FORM

Sr. No. _____

CAMPUS _____

Registration No. _____
(for Official Use only)

BASIC INFORMATION:

First Name: _____ Last Name: _____

DOB: ___/___/___ (dd/mm/yyyy) Gender: Male Female Student CNIC: _____

Student Contact No.: _____ E-mail: _____

Father / Guardian Name: _____ Father / Guardian CNIC #: _____

Father/ Guardian Contact No.: _____ Emergency Phone No.: _____

Present Address: _____

City: _____ District: _____ Province: _____

Marital Status: Single Married Religion: _____ Nationality: _____

PROGRAMS:

Please tick the subject for which application is being submitted

<input type="checkbox"/> DPT (Doctor of Physiotherapy)	<input type="checkbox"/> MPH (Master of Public Health)	Paramedical Diploma Courses	
<input type="checkbox"/> MLISc (Masters in Library & Information Sciences)	<input type="checkbox"/> M.Sc (MLT)	<input type="checkbox"/> Health <input type="checkbox"/> Dental	
<input type="checkbox"/> F.Sc (Pre-Medical)	<input type="checkbox"/> LHV (Lady Health Visitor)	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Anaesthesia	
<input type="checkbox"/> F.Sc (Computer Science)	<input type="checkbox"/> CMW (Community Midwifery)	<input type="checkbox"/> Pathology <input type="checkbox"/> Cardiology	
<input type="checkbox"/> F.Sc (Pre-Engineering)	<input type="checkbox"/> CNA (Certified Nursing Assistant)	<input type="checkbox"/> Radiology <input type="checkbox"/> Surgical	
		<input type="checkbox"/> Assistant Pharmacist Category 'B'	

Intake Session: Fall Spring Year: 20_____

Transfer / Migration Student: Yes No

ACADEMIC RECORD:

CERTIFICATE	Year of Passing	Board Roll #	Marks Obtained/ O-Level Average %	Board
F.A/F.Sc/I.Com/ICS/A-Level/DAE				
Matric/O-Level				
Bachelor				
Master				

Note: Result awaiting candidates may apply but their admission will be confirmed after they submit the final result card and fulfill all other admission requirements.

UNDERTAKING

- I shall have to pay fee regularly as per instructions of college.
- Once I pay fee, I am aware that it is not refunded in any circumstances.
- If admitted I shall abide by the rules, regulations and policies of the college.
- I shall not take part in any political and unlawful activity.
- I shall follow the dress code of the college.
- I shall attend classes regularly as required by the college as well as by the government regulations.
- In case of short attendance/ dues default, I Shall be treated as ineligible to apply/apper for Examination of Board/University/Council/FPMA.
- The college authorities have the right to change the course fee, timetable, venue, faculty, etc.

Father/Guardian's Signature

Student's Signature

Principal's Signature

INSTRUCTIONS

- 8 Passport size photographs with white Background.
- 3 attested copies of Matriculate certificate.
- 3 attested copies of intermediate certificate.
- 3 attested copies of National Identity Card of Father/Guardian.
- 3 attested copies of student's CNIC/B-Form.
- Equivalence letter in case of foreign certificate IBCC (O-Level).
- All Documents should be attested by Gazetted officer.

FOR OFFICE USE ONLY

Fee Details	Amount (Rs.)
Admission fee Package	
Tuition fee Package	
Others	
Net fee	
Fee Received	
Receipt #	
Date	
Balance	

Installment Plan		
Balance		
Due Date		
Installment Received		

Student ID: _____

Admission Office: _____ Principal: _____ Accounts: _____



**FRONTIER INSTITUTE
OF MEDICAL SCIENCES**

- 📍 Abbottabad Campus 01
- 📍 Abbottabad Campus 02
- 📍 Haripur Campus

UAN: 0348 111 25 11