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## ADMISSION APPLICATION FORM

### Section 1: Personal Data

Name Mr/Miss/Mrs \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Married

Date of Birth: D   M   Y     CNIC \_\_\_\_\_

Domicile: Province \_\_\_\_\_ District \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel: (Cell) \_\_\_\_\_ (Res) \_\_\_\_\_

Email \_\_\_\_\_

4 Passport size  
photographs

Current Address

Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ CNIC \_\_\_\_\_

Guardian's Name (If other than Father): \_\_\_\_\_ CNIC \_\_\_\_\_

Occupation: \_\_\_\_\_ Tel: (Mob) \_\_\_\_\_ (Res) \_\_\_\_\_

Address \_\_\_\_\_

### Section 2: Academic Data

<u>ACADEMIC QUALIFICATION</u>	<u>DATES ATTENDED</u>		Grade	%Score
	From	To		
SSC / O-Level	_____	_____	_____	_____
HSC / A-Level	_____	_____	_____	_____
Bachelors	_____	_____	_____	_____
Masters	_____	_____	_____	_____
MS / MPhil	_____	_____	_____	_____

#### ADDRESS FOR CORRESPONDENCE

*(Please notify change of address immediately)*

#### Father/Guardian Business Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Applicant Mobile \_\_\_\_\_ Home Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_



**SOHAIL**  
UNIVERSITY

**EXTRA-CURRICULAR ACTIVITIES AND OTHER EDUCATIONAL ACHIEVEMENTS**

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\_\_\_\_\_

Date

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Applicant Signature

**Attested Photocopies of the following documents must be submitted with the application**

1. Applicant National ID Card / B form with Father ID Card
2. HSC (or equivalent) mark sheet
3. SSC (or equivalent) mark sheet
4. SSC Certificate



## INSTRUCTIONS FOR FORM FILLING

1. Read the prospectus and the instructions carefully before completing the admission form.
2. Please refer to the Prospectus for Admission Criteria for the program you wish to enroll.
3. Equivalence as determined by the Interboard Committee of Chairmen (IBCC) is required for all non-Pakistani Board of Education. ([www.ibcc.edu.pk](http://www.ibcc.edu.pk))
4. Please type or print in block letters.
5. The admission form should include:
  - a. Two color passport size photographs taken within the last 6 weeks with your name on the back. One should be pasted to the application form and the other to the Admit Card.
  - b. **Attested photocopies of the following documents must be submitted with the Application:**
    - ❖ HSC Marksheet (or O/A Level Marksheets, High School Transcript)
    - ❖ IBCC Equivalence Certificate for HSC (for non Pakistani Board graduates)
    - ❖ SSC Marksheet
    - ❖ SSC Certificate
    - ❖ IBCC Equivalence Certificate for SSC (for non Pakistani Board graduates)
    - ❖ National ID Card (or B form with Father's ID card)
    - ❖ Passport (for Non Pakistani Nationals)
6. An incomplete or ineligible application will not be processed. The fee will not be refunded.
7. The application form and its enclosures can be posted by registered mail to Admissions Cell, 22-23 Shaheed-e-Millat Road, Karachi – 74000. Applications may also be delivered by hand to the above address between 9:00 a.m. and 3:00 p.m.
8. If you mail your application in, you must collect your Admit Card from the Student Affairs Office three days prior to your Interview Date. It will not be mailed to you.



Student Name: \_\_\_\_\_ Admit Card No: \_\_\_\_\_

<b>Programs</b>	
<b>Bachelor Programs</b>	
<b>Department of Biomedical &amp; Biological Sciences</b>	
<input type="checkbox"/> BS Molecular Biology & Biotechnology	BS-MB&BT
<input type="checkbox"/> BS Biotechnology	BS-BT
<input type="checkbox"/> BS Medical Technology in Clinical Laboratory Sciences	BS-MT-CLS
<input type="checkbox"/> BS Medical Technology in Radiology	BS-MT-RAD
<input type="checkbox"/> BS Medical Technology in Surgery	BS-MT-SUR
<input type="checkbox"/> BS Medical Technology in Anaesthesia & Critical Care Sciences	BS-MT-ACCS
<input type="checkbox"/> BS Medical Technology in Cardiovascular Sciences	BS-MT-CS
<input type="checkbox"/> BS Medical Technology in Dental Hygiene and Technology	BS-MT-DHT
<b>Department of Biochemistry</b>	
<input type="checkbox"/> BS Biochemistry	BS-BCH
<input type="checkbox"/> BS Bioscience	BS-BIO
<b>Department of Social Science</b>	
<input type="checkbox"/> BS Development Studies	BSDS
<input type="checkbox"/> BS Economics	BSEc
<input type="checkbox"/> Bachelor of Business Administration	BBA
<b>Department of Nursing</b>	
<input type="checkbox"/> Generic Bachelor of Science in Nursing	BSN
<input type="checkbox"/> Post RN Bachelor of Science In Nursing	BScN
<b>Jinnah College of Pharmacy</b>	
<input type="checkbox"/> Pharm. D.	Pharm. D.
<b>Jinnah College of Rehabilitation Sciences</b>	
<input type="checkbox"/> Doctor of Physical Therapy	DPT



**SOHAIL**  
UNIVERSITY

ADMIT CARD

**Admit Card No** \_\_\_\_\_

**Program** \_\_\_\_\_

Name \_\_\_\_\_

Father Name \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

*Paste Passport Size  
Photo taken Within  
Last  
Six weeks*

- 1) Please bring this admit card with you. Entry into the test centre will not be allowed without it.
- 2) Students are required to report to Sohail University at the below mentioned address at their assigned time.

\_\_\_\_\_  
*Candidate Signature*

*22-23 Shaheed-e-Millat Road, Karachi. Tel 34922321-22*