

**Student Affairs Office**

4/A-3, Phase 5, Hayatabad, Peshawar, Pakistan.  
 Tel: +92-91-5838000 (Ext. 5911/5905) | Fax: +92-91-5838333  
 info.rcahs@rmi.edu.pk

**Application Form for Admission in**

- BS - Dental Technology                       BS - Respiratory Therapy & Intensive Care Technology
- BS - Health Technology

2x Passport size photographs duly attested  
  
with white background

<b>For Office Use</b>
Application Number
Aggregate

**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.  -  -

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	Obt. / Total Marks	Division / Grad / GPA
F.Sc (Pre Med.)				/	
Matriculation				/	
				/	

## Entry Test Result

Preferable but not mandatory

Test	Test Date	Total Marks	Obtained Marks	Roll No.
KMU-CAT				

## Co-curricular Activities

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## Application Procedure

- Form duly filled with attached complete set of Documents to be sent to Student Affairs Office, Rehman College of Allied Health Sciences, 4/A-3, Phase 5, Hayatabad Peshawar Pakistan.
- Please bring original documents at the time of interview.

## Checklist of Documents to be attached with Application Form

- Secondary School Certificate (Matric) and intermediate certificate (F.Sc Pre-Medical) along with detailed Marks Certificates from Board of Intermediate and Secondary Education /Equivalence certificate form IBCC
- CNIC of Applicant and father /guardian.
- Domicile certificate
- 2x recent original passport size photographs

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

Name \_\_\_\_\_

Applicant Sign. \_\_\_\_\_

Date \_\_\_\_\_