# SAHARA COLLEGE OF HEALTH SCIENCES

SAHARA
FOR LIFE TRUST

## ADMISSION APPLICATION FORM

Paste One Attested Passport Size Photograph

Applied for:

**SAHARA COLLEGE OF PHYSICAL THERAPY**

**1-** DOCTOR OF PHYSICAL THERAPY ☐

**SAHARA COLLEGE OF ALLIED HEALTH SCIENCES**

**1-** B.S. RADIOGRAPHY & IMAGING TECHNOLOGY ☐

**2-** B.S. MEDICAL LAB SCIENCES ☐

**3-** B.S. BIO TECHNOLOGY ☐

Name:_____ Tel. No:_____

Father's/Gaurdian's Name: _____

Father's/Gaurdian's Cell No: _____

Residential Address:_____

Phone:_____ Email:_____

Male: ☐ Female: ☐ Nationality:_____

NIC: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Domicile:_____ Religion:_____

Date of Birth: _____

Father's Occupation: _____ Monthly Income: _____

Education and Qualification **(Chronological Order, Last degree at the top)**

| Qualification | Year of Passing | Marks Obtained | Total | Name of Institution |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Candidate Signature:_____ Date: _____

**FOR OFFICIAL USE ONLY**

Registration No: _____ Signature: _____

Received By: _____ Date: _____

Referred By: _____