



Mohi-ud-Din Institute of Rehabilitation Sciences

Kharrak mall near Football chowk, Mirpur AJ&K

Recent passport
size photograph
to be pasted

Admission Form DPT Program

Applicant Details:

Name of the Applicant _____ Date of Birth _____
Date Month Year

CNIC/Form B _____ - _____ - _____ Marital Status: Single Married

Province of Domicile _____ Nationality _____ Religion _____

Mobile # _____ Landline _____ E-mail Address _____

Address:

Current / Postal Address _____

Permanent Address _____

Guardian Details:

Father Name _____ Occupation _____ Father Mobile# _____

Guardian Name _____ Relation _____ Guardian Mobile# _____

Educational Qualifications

Please attach the photocopies of the educational documents

Sr #	Degree/Certificate	Science/Arts	Institute Attended	Board	Marks		Percentage	Passing Year
					Obtain Marks	Total Marks		
1	Secondary School Certificate (SSC)							
2	Higher Secondary School Certificate (HSSC)							

Undertaking

I solemnly declare that the information provided in the admission form and documents attached is correct. The provision of incorrect information shall be liable to cancellation of admission in Mohi-ud-Din institute of Rehabilitation Sciences.

Date. _____

Signature of Applicant _____