

Informatics College of Allied Health Sciences (ICAHS), Gujrat

University Campus: Oppsite Bashir Hospital Railway Road, Gujrat

PH:053-3536711, Email: info.gujrat@informatics.edu.pk

Teaching Hospital-I: Ayesha Bashir Hospital (Cleft Hospital), Julyani, Gujrat

Teaching Hospital-II: Bashir Hospital, Railway Road, Gujrat

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GENERAL APPLICATION FORM

CLASS:_____

PART:_____

SECTION:_____

STUDENT NAME:_____

FATHER NAME:_____

ADDRESS:_____

CONTACT #:(GARDIAN)_____

STUDENT PERSONAL #: _____

SUBJECT: _____

[illegible]

DATE:_____

APPROVED: YES / NO

STUDENT SIGNATURE

PRINCIPAL SIGNATURE