



# ADMISSION FORM

## KAMYAB INSTITUTE OF MEDICAL SCIENCES (KIMS)

Opp. City School, Main Hakeemabad GT Road Nowshehra. 0301-5009987,0331-4784866

S. No. \_\_\_\_\_

Registration No. \_\_\_\_\_

1. Select from following categories disciplines for Admission:-

- i. Lab Technology
- ii. Pharmacy Technician
- iii. OT Technology
- iv. Dispenser
- v. Others

Paste here  
Passport Size  
Photograph

### PERSONAL INFORMATION

➤ Name of the Applicant:		➤ Date of Birth:	
➤ CNIC of applicant:		➤ Gender:	
➤ Father Name		➤ Blood Group:	
➤ Father CNIC No:		➤ Marital Status	
➤ Father Profession:		➤ Domicile:	
➤ Applicant's Cell No:		➤ Religion:	
➤ Emergency Contact No.		➤ Cast:	
➤ Email Address:		➤ Nationality:	
➤ Postal Address:			
➤ Permanent Address:			

### ACADEMIC QUALIFICATIONS

Certificate	Board	Passing Year	Annual / Supplementary	Roll No	Marks Obtained	Total Marks	%age	%age of Science subjects only
Metric (SSC)								
Inter (HSSC)								
Others								

### UNDERTAKING

I hereby certify that the information provided in this application form is correct. I undertake to abide by the rules and regulations of the Kamyab Institute of Medical Sciences and the orders issued by the competent authorities from time to time. I also submit that my admission in the Institute is provisional and is subject to cancellation if any irregularity is found in my admission Form / Documents / Conduct etc at any stage.  
**Fees once paid will not be refunded under any circumstances.**

Applicant's Signature

Father's / Guardian Signature

**Following Attested Documents (10each) along with 14 x Passport size Photographs should be attached with Admission Form:**

- (1) Copy of DMCs (2) Domicile (3) Character Certificate (4) Copy of CNIC/B. Form of the Applicant
- (5) Copy of CNIC Father/ Guardian

**For Office use only:-**

**Admission Committee:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_



## **ADMISSION FORM**

### **KAMYAB INSTITUTE OF MEDICAL SCIENCES (KIMS)**

Opp. City School, Main Hakeemabad GT Road Nowshehra. 0301-5009987,0331-4784866

#### **UNDERTAKING**

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ solemnly affirm and undertake that I have been admitted in Kamyab Institute of Medical Sciences, Rawalpindi (Opposite City School, Main Hakeemabad GT Road, Nowshehra) for the category of \_\_\_\_\_ (session .....- .....), having read and completely understood all rules and regulations pertaining to the matters hereinafter stated, hereby agree and undertake to:-

1. During the admission process, I have been explained the disciplinary rules of the Institution and I have understood the same. I was also made aware of the Code of Conduct, Academic Rules, Attendance, Examination Rules, Uniform and Library Policy of the Institute and I have understood the same.
2. I will attend all the classes as per the timetable, failing which I am liable to pay a fine at the rate of Rs.50/- per day for the first one week. In case, I do not turn up even after one week of starting of classes, I shall be ineligible to continue for the current academic year.
3. I will be regular and punctual to all the classes (theory/practical) and secure attendance of not less than 75% in each subject as stipulated by Institute.
4. I will compulsorily follow the uniform prescribed by the Institute.
5. I will conduct myself in a highly disciplined and decent manner both inside the classroom and in the institute, failing which suitable action may be taken against me as per the rules and regulations of the Institute.
6. I will concentrate on my studies without wasting time in the Institute/Hostel/Residence and attend all the tests to secure more than the minimum prescribed Class / Sessional Marks in each subject. I will submit the assignments given in time to improve my performance.
7. I will pay monthly fee on or before 5<sup>th</sup> of each month, failing which I am liable to pay a fine at the rate of Rs.100/- per day.
8. I will pay/clear all outstanding dues at the end of each academic year, failing which I will be personally held responsible if any action is taken by the administration of KIMS against me.
9. I hereby certify that the information provided in this application form is correct. I undertake to abide by the rules and regulations of the Kamyab Institute of Medical Sciences and the orders issued by the competent authorities from time to time.
10. I also submit that my admission in the Institute is provisional and is subject to cancellation if any irregularity is found in my admission Form / Documents /Conduct etc at any stage.

#### **Fee Refund Policy**

- After Admission before convening of classes – 80% refund of all fee
- Up to 7th day of convening of classes – 60% refund of all fee
- From 8th - 15th day of convening of classes – 50% refund of all fees
- From 16th day of convening of classes - No Fee (0%) refund (including admission fee).

Signature of Student

Signature of Parent/Guardian