APPLICATION FORM
FOR ADMISSION IN
DOCTOR OF PHYSIOTHERAPY (DPT)
SESSION 2014
at Institute of Physical Medicine & Rehabilitation
Dow University of Health Sciences Karachi.

Fill the form in block letters.

Name of Applicant __________________________ Father’s Name __________________________

Birth Date ___________ Birth Location __________________________ Birth Country ___________ Age on closing date ___________

National ID No. _______ Or “B” Form No. _______ Marital Status ___________ Religion _______ Male □ Female □

Home Address (Present) __________________________ Tel No. __________________________

Mobile: __________________________

Home Address (as mentioned in NIC) __________________________ E-mail: __________________________

<table>
<thead>
<tr>
<th>Candidate’s</th>
<th>Father’s</th>
<th>Guardian’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate No.</td>
<td>Domicile</td>
<td>PRC</td>
</tr>
<tr>
<td>District Name</td>
<td></td>
<td></td>
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<tr>
<td>Date of Issue</td>
<td></td>
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</tr>
<tr>
<td>Place of Issue</td>
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</tbody>
</table>

ACADEMIC RECORD OF CANDIDATE

<table>
<thead>
<tr>
<th>Level of Study</th>
<th>Name &amp; Place of Institution</th>
<th>Passing Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matric / O Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter Science / A Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest in other Profession</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACADEMIC RECORD OF BROTHERS & SISTERS

<table>
<thead>
<tr>
<th>Level of Study</th>
<th>Name &amp; Place of Institution</th>
<th>Passing Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matric / O Level / Equivalent</td>
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<td></td>
</tr>
<tr>
<td>Inter Science / A Level / Equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If any Professional education (Current or Past)</td>
<td></td>
<td></td>
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</tbody>
</table>
Particulars of Father/Mother/Guardian

Name ____________________________________________ Male [ ] Female [ ]

Marital Status __________________________ Relationship with Candidate __________________________

National ID No. __________________________ Place of Issue __________________________

Home Address (Present) __________________________ Tel No. __________________________

Home Address (as mentioned in NIC) __________________________ Mobile No. __________________________

Home Address __________________________ Email: __________________________

Fathers/Guardian Income __________________________ Occupation __________________________

Department __________________________ Employer __________________________

Designation __________________________ Highest Education Level __________________________ Citizenship of Province __________________________

Candidates Co-curricular Activities

A) Did you do any Research Work? If yes give detail. Yes [ ] No [ ]

B) Are you good in any Sports? If yes give detail. __________________________

NOTE: INCOMPLETE FORM WILL BE REJECTED

Pay order of Rs.1500/- Entrance Test attached ________ Yes [ ] No [ ]
Matric Mark Sheet attached __________________________ Yes [ ] No [ ]
Intermediate Mark Sheet attached __________________________ Yes [ ] No [ ]
Matric Pass Certificate attached __________________________ Yes [ ] No [ ]
Candidate's Domicile attached __________________________ Yes [ ] No [ ]
Candidate's PRC attached __________________________ Yes [ ] No [ ]
Father’s Domicile attached __________________________ Yes [ ] No [ ]
Father’s CNIC attached __________________________ Yes [ ] No [ ]
Candidate’s CNIC / B form attached __________________________ Yes [ ] No [ ]

Left hand thumb impression of Applicant __________________________ Applicant’s Signature __________________________

Father’s / Guardian Signature __________________________
CERTIFICATE FROM PRINCIPAL OF SCHOOL (LAST ATTENDED)

This is to certify that Mr. / Miss __________________________ Son / daughter of
Mr. __________________________ was a student of this school having been
admitted into _______ class from_____________ till ________________________

Name of School ____________________________________________
Address of School __________________________________________

Name of Student and Father’s Name ___________________________
Present Address ____________________________________________
Permanent Address __________________________________________

Date of Birth ____________________________ Distinctions (If any)

Last Examination Passed __________________________

(a) Seat No. __________________________

(b) Enrolment No __________________________

(c) Total Marks obtained ____________/ Maximum Marks

(d) Division / Grade obtained _________ Percentage Obtained _________

It is further certified that during his/her, period of stay, conduct & character was
________________________
Place _______________________

Date _______________________

SIGNATURE OF THE
PRINCIPAL WITH SEAL
CERTIFICATE FROM PRINCIPAL OF COLLEGE (LAST ATTENDED)

This is to certify that Mr. / Miss ___________________________ Son / daughter of Mr. ___________________________ was a student of this school having been admitted into ______________ class from ______________ till ______________

Name of School ___________________________
Address of School ___________________________

1) Name of Students and Father’s Name ___________________________

2) Present address ___________________________

3) Permanent Address ___________________________

4) Last examination passed ___________________________
   a. Date of Passing ______________ College Registration No. ______________

   b. Marks obtained in College examination (If held) before annual exam.

<table>
<thead>
<tr>
<th>Marks Obtained</th>
<th>Max Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Physics</td>
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<tr>
<td>(ii) Chemistry</td>
<td></td>
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<tr>
<td>(iii) Biology</td>
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</tbody>
</table>

   c. Total Marks Obtained __________ / Maximum Marks __________
   e. Whether received any warning or punishment during the time when he/she was student of the college, if so give details

   ___________________________

   It is further certified that during his/her period of stay in this college his/her work, conduct & character was ___________________________

Place ___________________________
Date ___________________________

SIGNATURE OF THE PRINCIPAL
WITH SEAL
**Health Certificate**

*Note: (Section A, B, & C will be filled by the candidate)*

**Section A**

Name ____________________________ S/o, D/o ____________________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Days</th>
<th>Months</th>
<th>Years</th>
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</table>

Height: ____________________________ Weight: ____________________________

Present Address: ____________________________

**Section B**

1. Do you smoke? ____________________________ Yes No
2. Do you take any medicine regularly? ____________________________ Yes No

If yes, Specify ____________________________

3. Any history of allergy ____________________________ Yes No
4. Do you suffer from any of the following diseases? ____________________________ Yes No

   i. Epilepsy ____________________________ Yes No
   ii. High Blood Pressure ____________________________ Yes No
   iii. Psychiatric illness ____________________________ Yes No
   iv. Rheumatic Heart Disease ____________________________ Yes No
   v. Hepatitis B/C ____________________________ Yes No
   vi. Physical Disability ____________________________ Yes No

If yes, Specify ____________________________

**Section C**

<table>
<thead>
<tr>
<th>Details of previous Vaccination</th>
<th>Detail of Booster Vaccination</th>
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<tbody>
<tr>
<td>1. Measles ____________________</td>
<td>Yes No ______________________</td>
</tr>
<tr>
<td>2. Mumps ______________________</td>
<td>Yes No ______________________</td>
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<tr>
<td>3. Rubella ____________________</td>
<td>Yes No ______________________</td>
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<td>4. Tetanus ____________________</td>
<td>Yes No ______________________</td>
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<td>5. Pertussis __________________</td>
<td>Yes No ______________________</td>
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<td>6. Whooping Cough _____________</td>
<td>Yes No ______________________</td>
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<tr>
<td>7. Hepatitis B _________________</td>
<td>Yes No ______________________</td>
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**Certification:** I hereby certify that the above information given by me is correct.

______________________________  ____________________________
Signature Father / Mother  Signature
Fill all boxes with your present address

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<td>Phone No (Res.): ________________</td>
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<td>Phone No (Off.): ________________</td>
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<td>Mobile No.: ____________________</td>
<td>Mobile No.: ____________________</td>
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IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates are advised to read the prospectus carefully for admission to the DOCTOR OF PHYSIOTHERAPY (DPT) of Dow University of Health Sciences for session 2014, before submitting the application form.

2. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.

3. Be sure to tick the appropriate Box in the application form.

4. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.

5. Photocopy of the application form and incomplete form will be rejected.

6. No form will be accepted in any case after the last date and time of the application form.

7. Each application for admission should be accompanied by Non Refundable Entrance Test Fee” of Rs. 1500/- (Rupees fifteen hundred Only) in the form of pay-order or demand draft in the favour of Dow University of Health Science, (DUHS).

8. Carefully check the ‘Required Documents’ list mentioned in the prospectus before submitting the application form.

9. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.

10. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.

11. If any eligible candidate has not received the admit card 48 hrs prior to the entrance test, he/she should contact DUHS help desk, mentioned in the Prospectus.

12. In case, their is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS www.duhs.edu.pk

13. DO NOT submit the original documents alongwith the application form.

14. All queries should be sent on email address mentioned on the Back page.

15. No candidate should contact personally for any queries.

16. Daily visit the website of DUHS for announcement and informations.

17. Do not forget to keep the Photocopy of the application form in your own record.
INSTRUCTION FOR THE CANDIDATE

1. If there is any change regarding Entry Test, venue or timings, it will be mentioned on DUHS website only. Keep visiting website daily. [www.duhs.edu.pk](http://www.duhs.edu.pk)
2. Carefully read instructions for attempting test paper, otherwise computer will not read your answers.
3. Candidate must bring this Admit Card for the test, on the date, time and venue given overleaf.
4. CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMIT CARD.
5. No Identification other than this Admit Card will be acceptable.
6. IMPERSONATION FOR THE ENTRANCE TEST WILL BE CONSIDERED AS A CRIMINAL CASE AND WILL BE DEALT SERIOUSLY.
7. Candidate is required to reach the venue at least two (02) hours before the test (i.e. by 8:00 A.M).
8. Any material or electronic device / mobile phone / calculator etc, will not be allowed, under any circumstances.
9. IF ANY STUDENT IS FOUND, USING UNFAIR MEANS OR CHEATING HE WILL BE DEBARRED FROM THE TEST AND ADMISSION.