

S.No.-

Mohi-ud-Din Islamic Institute of Pharmaceutical Sciences

Sector D-4, Mirpur (AJ&K) Tel: (92) 8257-468666, Fax: (92) 8257-468777

Application Form

Passport size photo to be pasted and then attested on the front by father / guardian

Name of Applicant			
Date of Birth	Age	Marital Status	
Domicile			
Father's Name			
Father's Profession and Exa	ct Designation _		
Office / Business Address_			
Phone # Office		Fax	
Mailing Address			
Phone # Res	Fax	Mobile	
Nationality of Candidate		_ NIC/Form B#	
Passport No. (Overseas Candidat	e Only)		
Name of Guardian			
Residence Phone		Mobile	
Mailing Address			

Educational Qualification

Please attach attested photocopies of the educational documents:

Degree/Certificate	Institution Attended	Board/Univeristy	Grade	Marks	Year Passed

Undertaking

I solemnly declare that the information provided in the application form and documents attached with the application form are correct and no information asked has been hidden. The provision of incorrect information / document will disqualify me for admission or continuation of my studies at Mohi-ud-Din Islamic Institute of Pharmaceutical Sciences.

Date	Signature of Applicant
Bate	8

Note: The application form along with the documents and application form along with documents and processing fee of Rs. 1500/- for inland candidates and US \$ 50 for overseas candidates may be sent at one of the following addresses:

Registrar, Mohi-ud-Din Islamic University, Camp Office, Union Council Road, Sihala Bazar, Sihala Islamabad.

Ph #: +92 51 4485831-2

Director Mohi-ud-Din Islamic Institute of Pharmaceutical Sciences Industrial Area, Mirpur AJ&K

Ph #: +92 05827 468157

+92 05827 468666

Fax: +92 05827 468777