

District: _____ Domicile: _____ Province: _____

15. ACADEMIC RECORD

(Candidates who hold qualifications other than FSc. and Matriculation will be required to provide Equivalence Certificates from the Inter-Board Committee of Chairmen)

Examination Tick ✓ whichever is applicable	Qualification	Year of Passing	Marks obtained	Total Marks	Name of the Institution
<input type="checkbox"/> Matriculation Or Equivalent (as determined by IBCC)					
<input type="checkbox"/> FSc.(Pre-medical)Or Equivalent (as determined by IBCC)					
<input type="checkbox"/> Others					

DECLARATION

I, Mr / Ms _____, son / daughter of _____, an applicant for admission to Shalamar School of Allied Health Sciences, solemnly affirm and declare that all the above information given by me is correct. I have read and understood the SSAHS Prospectus and the terms and conditions of the admission procedure. I agree to abide by the rules and regulations of Shalamar School of Allied Health Sciences. I undertake that I have adequate financial resources to support my studies at the SSAHS for the entire duration of course of study. I fully understand that fee once paid may be refunded as per Organization rules. I will not object to any additional charges levied by the Government, University or Shalamar School of Allied Health Sciences during the course of my studies.

Applicant's Signature

Signature of Parent / Guardian

Date

Complete application along with a copy of the following attested documents:

(Incomplete forms shall **NOT** be entertained)

- Attested copy of Matric/O-level or Equivalent, result card mentioned in section 15 above
 - Attested copy of FSc. /A-Level or Equivalent, result card mentioned in section 15 above
 - CNIC/Form-B of the Applicant
 - CNIC of Father/Guardian
 - Copy of Domicile
 - Copy of passport for overseas /Foreign applicants
 - Payment of Rs. 750/= should be submitted to Student Affairs Department in Shalamar Medical & Dental College. In case of Downloaded form, a bank draft / pay order of Rs.750/- in favour of Businessmen Hospital Trust will be required at the time of submission of application form.
- Applications should be submitted in person or via courier to:

General Manager Student Affairs,
Shalamar Medical & Dental College,
Shalimar Link Road, Mughalpura, Lahore, Pakistan.
Tel: 042 36852658, 36818604, & 36852609 Fax: 04236835555
E-mail: info@smdc.edu.pk Website: www.ssahs.edu.pk