JINNAH COLLEGE OF REHABILITATION SCIENCES

Application for Admission to

[ ] Doctor of Physical Therapy (DPT)

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<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Nationality</th>
<th>Domicile</th>
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<th>Applicant's N.I.C. No.</th>
<th>Applicant's Passport No.</th>
<th>Place of Birth</th>
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<th>Sibling Information</th>
<th>NAME</th>
<th>AGE</th>
<th>EDUCATION</th>
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<th>Father's / Guardian's Information</th>
<th>Name</th>
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<th>Education</th>
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<th>Name of Employer</th>
<th>Monthly Income</th>
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<th>Education</th>
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<th>Category</th>
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<th>OVERSEAS</th>
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**FOR OFFICE USE ONLY**

- [ ] HSC (Science / English) _________ %
- [ ] HSC Mark Sheet _________ %
- [ ] A Levels Equivalence _________ %
- [ ] Matric Mark Sheet _________ %
- [ ] O Levels Equivalence _________ %
- [ ] Other Equivalence HS _________ %
- [ ] Other Equivalence Matric _________ %

**APPTITUDE TEST**

- English Vocab _________ /25
- Comprehension _________ /25
- Biology _________ /10
- Chemistry _________ /10
- Physics _________ /10
- Math _________ /10
- D.I _________ /10

**TOTAL** _________ (_______ %)

**MERIT #** _________ (_______ %)

Admit Card Received:

Signature of Recipient __________ Date __________
**EDUCATIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Names and Addresses of all educational institutions attended</th>
<th>DATES ATTENDED From</th>
<th>To</th>
<th>Grade</th>
<th>%Score</th>
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**High School / College**

Name ____________________________________________

Address __________________________________________

**Secondary School**

Name ____________________________________________

Address __________________________________________

**Primary School**

Name ____________________________________________

Address __________________________________________

**Address for Correspondence**

*(Please notify change of address immediately)*

___________________________________________________

___________________________________________________

Telephone _________________________________________

Home Telephone ________________

Applicant Mobile ________________________________

Mobile ___________________________________________

E-Mail ___________________________________________

**Father’s / Guardian’s Business Address:**

___________________________________________________

___________________________________________________

Business Telephone ________________________________

Home Telephone ________________________________

**EXTRA-CURRICULAR ACTIVITIES AND OTHER EDUCATIONAL ACHIEVEMENTS:**

________________________________________________________________________

________________________________________________________________________

**PERSONAL STATEMENT:** Briefly describe yourself and your goals in 350 words or less on a separate sheet the same size as the application form, and attach to the application.

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept as final the decisions of the College Selection Board.

_______ _______________________________ ___________________

Date      Parent’s / Guardian’s Signature   Applicant’s Signature

**Attested photocopies of the following documents must be submitted with the application:**

1. Applicant’s National ID Card/B form with Father’s ID Card
2. HSC (or equivalent) mark sheet
3. SSC (or equivalent) mark sheet
4. SSC Certificate
5. Personal Statement
INSTRUCTIONS

1. Read the Prospectus and the instructions carefully before completing the application form.

2. The minimum requirement to apply for DPT Program is 60% marks Higher Secondary Certificate Pre-Medical (HSC) of any Pakistan Board of Education or its equivalence as determined by the Interboard Committee of Chairmen (IBCC).

3. Please type or print in block letters.

4. The application should include:
   a. Two color passport size photographs taken within the last 6 weeks with your name on the back. One should be pasted to the application form and the other to the Aptitude Test Admit Card.
   b. Attested photocopies of the following documents must be submitted with the application:
      - HSC Marksheet (or O/A Level Marksheets, High School Transcript)
      - IBCC Equivalence Certificate for HSC (for non Pakistani Board graduates)
      - SSC Marksheet
      - SSC Certificate
      - IBCC Equivalence Certificate for SSC (for non Pakistani Board graduates)
      - National ID Card (or B form with Father’s ID Card)
      - Passport (for Non Pakistani Nationals)
      - Personal Statement (350 words or less)
   c. Personal statement should be an original essay, which tells us something about yourself and your goals. Please give time and thought to this as it is your chance to stand out from the other applicants.

5. An incomplete or ineligible application will not be processed. The fee will not be refunded.

6. The application form and its enclosures can be posted by registered mail to Admissions Cell, Jinnah College of Rehabilitation Sciences, 22-23 Shaheed-e-Millat Road, Karachi – 74000. Applications may also be delivered by hand to the above address between 9:00 a.m. and 3:00 p.m.

7. If you mail your application in, you must collect your Aptitude Test Admit Card from the Student Affairs Office. It will not be mailed to you. If you are only in Karachi on the day of the Aptitude Test, you may collect your card at that time.
BS Biochemistry
BS Biotechnology
BS Development Sciences
BS Medical Technology in Clinical Laboratory Sciences

Admit Card No________________________

Name__________________________________

Father Name ____________________________

Current Address__________________________

1) Please bring this admit card with you. Entry into the test centre will not be allowed without it.
2) Students are required to report to Jinnah Medical & Dental College at 9:00 am.
3) No mobile phones are allowed inside test centre.

Candidate Signature__________________________________________

22-23 Shaheed-e-Millat Road, Karachi. Tel 34922321-22