

YUSRA INSTITUTE OF PHARMACEUTICAL SCIENCES ISLAMABAD - PAKISTAN

ADMISSION FORM (Pharm D)

REGULAR ADMISSION

(To Be Filled By Admission Office)

Application #	Application # Session						
Pakistani Citizen	Foreign Citizen		Hostel F	Required No		(Paste d	graph on't clip) 1"x1"
Name of Student Mr/Miss		(Capital lette	er as per SSC / O L	Level certificate)			
Date of Birth Day Month	Year Gende	Please Tick	Disability _	Yes (if)	es attach e	vidence)	_No
CNIC#	— (Attach attested	photocopy)		Form B#	(Attach	n attested	photocopy)
Passport # (Attach attested		ort Expiry Da	te:				
Marital Status	Religion	Do	micile (District	:/Province)			
Cell Number		E Mai	I		· · · · · · · · · · · · · · · · · · ·		
Name of Father / Guardian							
CNIC#	— (Attach at	tested photocopy					
Profession/Designation							
Postal Address							
Permanent Address							
E Mail.	Te	l No		_ Cell No			
Contact in case of Emergency	y, Cell number should	be written wi	th country an	d city code.			
Name	Tel No. (1)		C	Cell No. (1)_			

Academic Record: If any of the academic record is not submitted, the application will be treated as "Provisional" and subject to cancellation unless the Admission Office receives all record before last date for submission of record.

Certificate / Degree	Institution	ion / Board / Uni	versity	Year	N	larks	(Equivalent)	% ag Grad	
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SSC (Matric)/	'O' Level								
HSSC (FSc)/' JSA/Canadian Grad									
BCC quivalence	'O' Level								
BA / BSC / B									
BCC ADDRES er Board Committ NDERTAKING	tee of Chairn	nan (IBCC), at FB	ISE Building, H-8/4, Isl	amabad, Pakista	an. Tel: 0092	-51-923	5020 & 9	1 0101170 URL: w	ww.ibcc.e
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 ${\color{red}\textbf{CONFIRMED}} \ / \ {\color{red}\textbf{NOT CONFIRMED}}$

PCP

Officer Incharge Admission

REGISTRATION

Principal (YIPS)