



### Personal Details

MS. Healthcare and  
Program Applied for Hospital Management



Name: **Suhail Ahmad**  
Father's Name: **Hazrat Bilal**  
Gender: **Male** Date of Birth: **10-Feb-1999**  
Nationality: **Pakistan** Religion: **Islam** Mother Tongue: **Pashto**  
Place of Birth: **Swat** Contact Address: **Village fazalabad deolai tehsil kabal, swat**

Contact Number: **923429637624** E-mail: **rnosuhailahmad@gmail.com**

CNIC No. 

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### Applicant Father's/ Guardian's Details

Father's /Guardian's Name: **Hazrat Bilal**  
Occupation (Exact Title) **Unemployed**  
Name of Organization: **N/A**  
Father's / Guardian's Contact No. **03449652976**

### Academic Qualifications

Degree / Certificate	Year of Passing	Subject	School / College	Board / University	Roll No.	Marks Obt. / Total
SSC	2015	Science	Tipu Shaheed School	BISE, Swat		850/1100
HSSC / DAE	2017	Pre-Medical	Tipu Shaheed College	BISE, Swat		877/1100
B.A / B.Sc / BS / BBA	2023	BS Nursing	PSNC, Swat	KMU, Peshawar		3.55/4.0

### Source of Information

☐ Newspaper ☐ TV /Radio /Cable ☐ Personal Recommendation ☒ Website/Social Media ☐ SMS ☐ Billboard

Hostel Required: ☐ Yes ☒ No

### UNDERTAKING

I do hereby solemnly declare that the information given herein is correct to the best of my knowledge and belief. I further undertake that I will abide the rules and regulations of the College/Institute, presently in vogue and as amended/alterd from time to time.

In case of failure to comply, the management of the College/Institute is fully empowered to take any disciplinary action against me.

Applicant Signature

Father's/ Guardian's Signature

### Admission Department

- Admission Officer \_\_\_\_\_
- Head of Department \_\_\_\_\_
- Director Admission \_\_\_\_\_
- Director \_\_\_\_\_

### Account Section

Total Fee: \_\_\_\_\_ Paid \_\_\_\_\_  
Balance: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
Dated: \_\_\_\_\_  
Student ID No. \_\_\_\_\_

Remarks: \_\_\_\_\_

Applicant must attach with admission form the following attested copies of the mentioned documents. It should be noted that the original documents shall be provided at the time of Interview / Admission.

### For University Programs

- Two copies of detailed marks certificat (DMC) of last examination. ☐
- CNIC copy of the candidate. ☐
- CNIC copy of the father if the father is not alive, a copy of the CNIC of the guardian. ☐
- Attested Photocopy of the character certificate from the head of institution last attended or attested by Govt. gazetted officer. ☐
- Four attested passport size coloured photographs of the applicant (White Background) ☐
- Migration Certificate (Original Shall be submitted along with registration form) ☐

### For Diplomas & Professional Certifications

- One copy of SSC detailed marks Certificate verified from concerned board.
- Two paspport size coloured photographs of the applicant.

### Refund Policy

In case a student submits application for cancellation of admission, he/she will be refunded fee in the following manner :-

- |   |   |  |
|---|---|--|
| a) Request submitted within the first week after admission. | ➔ | Admission fee will be deducted from the total amount deposited.  |
| b) Request submitted after one week of admission            | ➔ | One month tuition fee along with admission fee will be deducted. |
| c) Request submitted after one month                        | ➔ | No refund admissible.  |

### References

- 1) Name: \_\_\_\_\_ Designation \_\_\_\_\_ Organization \_\_\_\_\_  
Address: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Relationship with the Candidate: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Designation \_\_\_\_\_ Organization \_\_\_\_\_  
Address: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Relationship with the Candidate: \_\_\_\_\_