



(2 Set of Application will be acceptable)
SCHOOL OF PHYSIOTHERAPY
King Edward Medical University/Mayo Hospital, Lahore
APPLICATION FORM FOR ADMISSION
FIVE YEARS, DOCTOR OF PHYSIOTHERAPY (DPT)
GRADUATES COURSE
(Session 2025-2029)

FILL THIS INFORMATION AS PER MATRIC CERTIFICATE

1. Name of Applicant: _____
2. Father's Name: _____
3. Date of Birth: _____ Domicile: _____
4. CNIC No: _____
5. Present Address: _____

Paste Recent
Passport Size
Photograph

_____ City: _____

6. Tel: _____ Mob: _____ Email: _____

Academic Information

Examination	Board	Roll No.	Year of Passing	Marks
Matric				
F.Sc. (Pre-Medical)				
MDCAT				

Calculation of Aggregate

Matric 10%	F.Sc. (Pre-Medical) 45%	MDCAT 45%	AGGREGATE

Date _____

Signature of the applicant

Receipt No. _____ Form No. _____ Date: _____

DOCUMENTS:

1. Attested Copy of Secondary School Certificate.
2. Attested Copy of Intermediate Certificate.
3. Attested Copy of Applicant's Domicile Certificate.
4. Attested Copy of Character Certificate from Institution last attended.
5. Attested Copy of National Identity Card/ Form "B"
6. Attested Three Photographs.
7. Attested copy of Father's Identity Card.
8. Attested copies of MDCAT Result Card

Sign. _____
Admission Clerk