



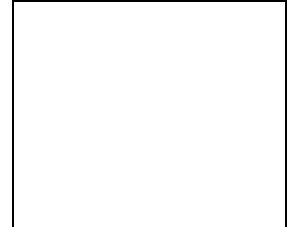
(2 Set of Application will be acceptable)  
SCHOOL OF PHYSIOTHERAPY  
King Edward Medical University / Mayo Hospital, Lahore.  
**APPLICATION FORM FOR ADMISSION.**  
FIVE YEARS, DOCTOR OF PHYSICAL THERAPY (DPT)  
GRADUATES COURSE  
(Session 2016-2020)

**NOTE**

FORM NO. \_\_\_\_\_

The following documents must be attached with application form.

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.



**PERSONAL BIO-DATA**

NAME (IN BLOCK LETTERS) \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_  
SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
AGE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
RELIGION \_\_\_\_\_ DOMICILE \_\_\_\_\_ PROVINCE \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
PERMANENT ADDRESS \_\_\_\_\_  
POSTAL ADDRESS \_\_\_\_\_  
TELEPHONE NO \_\_\_\_\_

**ACADEMIC RECORD**

EXAMINATION	YEAR OF PASSING	UNIVERSITY / BOARD	SCHOOL / COLLEGE	MARKS	TOTAL MARKS
Matric					
F.Sc. (Pre-Medical)					
Others					

**Any other information:** \_\_\_\_\_

DECLARATION: I hereby declare that the above mentioned information is correct according to the best of my knowledge. If anything found incorrect I will be held responsible.

Sincerely,

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.

Sign. \_\_\_\_\_  
Admission Clerk

## Declaration and Signature

1. I solemnly declare that:
2. I have neither joined nor shall join any other Institute / Department / Centre / College during the course of my studies at King Edward Medical University, Lahore.
3. I am not suffering from any infectious disease.
4. I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.
5. I have read and understood the University's cancellation and refund policy.
6. I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake to:

A) Abide by the Statutes, regulations (including the Code of Honor of Students, of University Calendar 2007 \* Vol. 1) and rules etc. framed by the University of the Department / Institute/Centre/College from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part.

B) I accept as a condition of my admission the authority of the University that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor /Director/Chairman/Principal of the Department/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre /College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the Department/Institute/Centre/College without any further notice to me.

C) Not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final and can be questioned only before the Supreme Court of Pakistan vide judgment/order of the Supreme Court of Pakistan dated 01 July 1992.

D) I accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.

E) Show good behavior;

F) Devote whole-heartedly to my studies and maintain the dignity and prestige of the University both in and outside the Campuses;

G) Pay in time all dues and fine, if any;

H) I will notify the new address to Assistant Registrar, DPCC, if there is any change in my contact address/phone number.

I) I undertake to take examination unconditionally notified by the University/Department/ Institute/Centre/College.

J) I have read the relevant rules and regulations concerning admission before signing this application.

Signature of Applicant

Date: / /

### COURSE TITLE:

DPT (Doctor of Physical Therapy) is Five year structured teaching & training course.

### ELIGIBILITY CRITERIA

1. F.Sc pre-medical
2. Less than 23years of age on closing date of admission
3. Candidates can apply according to distribution of seats mentioned below on open merit only.

### DISTRIBUTION OF SEATS:

Open merit

Male: 15

Female: 15

Reserve seats for underdeveloped districts and other localities(males and females)

1. Lodhran	2	
2. Bhakkar		2
3. Layyah		2
4. D.G.Khan		2
5. Rajanpur		2
6. Muzaffargarh		2
7. Fata & Azad		2
Jammu Kashmir		
Total		14
Grand total		30+14=44