



Admission Form

Institute of Regenerative Medicine

Program of Study

Attach
three passport size
photographs

Personal Information

Name: _____ father's Name: _____

Gender: _____ CNIC: _____

Date of Birth: _____ Passport No: _____

Nationality: _____ Domicile/District: _____

Phone number: _____ Mobile number: _____

Email: _____

Postal Address: _____

Permanent Address: _____

Academic Qualification:

Level of Education	Name of School, College or University	Government/ Private (G/P)	Board/ University	Year	Total Marks/CGPA	Obtained Marks/CGPA	Percentage
MS/MPhil							
Masters							
Bachelors							
Inter/ A Levels							
Matric/ O Levels							

Emergency Contact

Emergency Contact Name: _____

CNIC: _____ Relationship to Applicant: _____

Address: _____

Telephone: _____ Cell/number: _____

Check List

Kindly the documents, duly attested, that are attached with this application. Incomplete application from and unattested will not be considered.

Sr.No	Document	
1	All previous academic degrees, transcripts, certificates	<input type="checkbox"/>
2	3 Photographs (Name mentioned on back of each picture)	<input type="checkbox"/>
3	3 Copies of CNIC of Candidate	<input type="checkbox"/>
4	3 Copies of CNIC of Parent/Guardian	<input type="checkbox"/>
5	Any other relevant document/Experience certificates	<input type="checkbox"/>

I undertake to submit the above mentioned missing (if any) documents to Admission Section as per Prescribed timelines.

Student Name: _____ Signature: _____ Date: _____

For office use Only

From Received/Data Entry Name: _____ Signature: _____ Remarks: _____

Discrepancy/Missing Document Name: _____ Signature: _____ Remarks: _____

Declaration and Signature

I Mr/Miss/Ms _____ hereby solemnly declare that the information provide on this form is true and correct to the best of my knowledge. I have read and understood all the instructions provided in the current prospectus and agree to able by them. I further undertake that I have sufficient financial resources required for the program of study at (IRM College) Institute of Regenerative Medicine.

I also solemnly affirm, declare and undertake that:

- The College reserves the rights to decline the admission form or cancel the admission in case of providing incorrect/fake or incomplete information by the applicant.
- No claim for fee refund will be entertained in case of cancellation of admission. Semester report/transcript of the earned credits shall stand cancelled and non-transferable.
- The College reserves the rights to cancel or terminate the admission on not meeting the admission criteria of the subject degree program. Therefore, primarily it is the candidate responsibility to submit the result intimation card / transcript of the most recent qualification.
- In case of foreign qualification or in case where deemed necessary, the equivalence certificate from the Higher Education Commission (HEC) is mandatory for Admissions.
- I acknowledge that the College reserves the right to withdraw or cancel admission of the applicant/student at any stage for providing incomplete documents or incorrect information by the applicant/student and the onus of responsibility goes with the applicant/student.

Student's Name _____ Father's/Guardian Name _____

Student's Signature _____ Father's/Guardian Signature _____

Date _____ Date _____