**ADMISSION FORM**

**3**

**SNAPS**

Name:

(in Block Letters)

S/o. D/o. W/o:

(in Block Letters)

Residential Address:

City: Class Timing: To

National ID Card No: Male Female

Date of Birth: WHAE’s Member Registration No.

Phone: Mobile: Professional Education:

Academic Qualification:

Dr MBBS DHMS LHV Nurses BMES Others

**Course to be Join:**

DIPLOMA CERTIFICATION

Advance Single Organ Basic \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature**

**For Office Use Only**

Date

How did you know about (WHAE’s) Professional Programs? Slip No.

(1) Karachi Campus Fee

(2) Hyderabad Campus Installment

(3) Mirpurkhas Campus Lump Sum Paid

(4) Sukkur Campus Total Fee

(5) Lahore Campus

(6) Umer Kot

(7) Rahimyar khan

**Note: Any Admission can be cancel by the Institution Authorities without reason.**

**Fees are note refundable & not Transferable.**

**Admission approved by Director Health & Education.**

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| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director Health & Education Program** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Treasurer** |