Application Form

Photograph 1 x 1 Size to be attested after Pasting

Institute of Allied Health Sciences, HITEC-IMS Taxila Cantt

Session 2026-2028(Batch-XI)

Category applied for:	Medical Lab Technology ☐	OT Technology ☐	Dental Technology ☐	Radiography & Imaging Technology ☐
	Physiotherapy Technology ☐			
If applying for more than one category, give your Preference of choice	Preference I _____	Preference II_____		
HIT Employee Ward:	☐ Yes ☐ No (If Yes, Father's Grade/ID_____)			
Name of the Applicant: (in block letters)				
Date of Birth:	Date ☐☐	Month ☐☐	Year ☐☐☐☐	
CNIC/B-Form Number (NADRA):	☐☐☐☐☐-☐☐☐☐☐☐☐-☐			
Father's Name:				
Father's CNIC No :	☐☐☐☐☐-☐☐☐☐☐☐☐-☐			
Domicile District				
Permanent Home Address:				
Present Address:				
Applicant's Mobile No:		**Father's Mobile No:**		

Qualification:

	Total Marks	Obtained Marks	Percentage	Name of Institute
Matric				
Physics				
Chemistry				
Biology				
FSC				

☐ I confirm that all the information provided in this application form is complete, factual and correct. I understand that my admission will be cancelled at any time if above information is proved false.

Signature of Applicant:_____ Date:_____

Attested copies of documents attached (Please tick the relevant Box)**:**

Requirements:

1: Matric Certificate	02	2: CNIC/B-Form	02	3:Domicile Certificate	02	4: Photographs	08

For Official Use Only:

College Roll Number: _____

Punjab Medical Faculty Registration no: _____

Postal Address: IAHS Admission Office, HITEC-Institute of Medical Sciences, HIT, Taxila Cantt.

Contact: 0320- 9718839 **Email:** Paramedics.school@hitec-ims.edu.pk