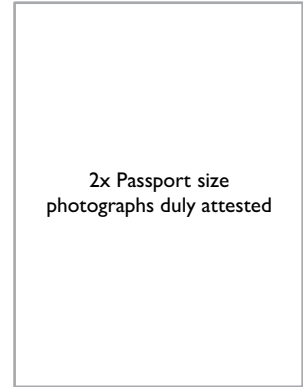


Registration Form For

STUDENTS ELECTIVE PROGRAM 2023

For Office Use

Application Number



Student: Final Year DPT Graduate

Institute/University

Personal Data (Fill in Capital Letters Using Black Ball Point)

Applicant's Name

Father's Name

Date of Birth -- dd-mm-yy Age years Gender: M F

Marital Status: Married Unmarried

Present Address

District Country

Phone: Res Cell: E-mail:

Candidate's Nationality

Candidate's CNIC No.

Educational / Qualifications (Commencing from Matriculation / Equivalent Examination)

(Please attach attested photocopies of the supporting documents)

Degree	Name of Board / University	Examination with Year of Passing	Obtained / Total Marks	%age / Marks / CGPA
Matriculation				
Intermediate				
DPT/BSPT (If Graduated)				

Any Relevant Experience / Courses Attended (Not Mandatory)

Application Procedure

- The following documents shall be attached with the forms.
 - NOC from concerned institute / university (for final year students).
 - Course completion certificate / degree copy (for fresh graduates).
 - Copy of CNIC.
 - Form duly filled with attached complete set of Documents to be sent to:
Coordinator Office Department of Physical Therapy & Rehabilitation , 4/A-3,Phase 5 ,Hayatabad Peshawar Pakistan.
OR send scan copies to email: info.physiotherapy@rmi.edu.pk
- Please bring original documents at the time of interview.**
- Course fee submission is subjected to selection.

Declaration: The information that is provided are correct.

Applicant Sign.

Date