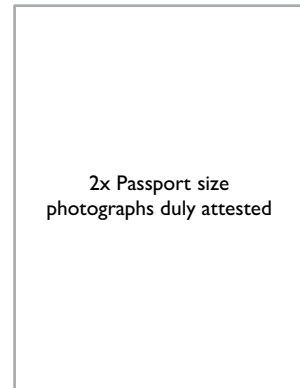


Registration Form For

CLINICAL PHYSICAL THERAPY TRAINEESHIP PROGRAM 2019

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				

Any Relevant Experience / Requirement

Application Procedure

Please bring original documents at the time of interview.

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).
- With a receipt of registration fee & Copy of CNIC.
- Form duly filled with attached complete set of Documents to be sent to;

Declaration: The information that is provided are correct.

Applicant Sign.

Date

