

Registration Form For

CLINICAL PHYSICAL THERPAY TRAINEESHIP PROGRAM 2017

For Office Use

Application Number



Interview: Selected Not Selected

Student: Final Year DPT Graduate

Institute/University _____

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

Applicant'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: _____

Permanent Address

District Country

Candidate's Nationality

Candidate's CNIC No. - -

Father's Name	<input type="text"/>
Name of Guardian [If other than Father]	<input type="text"/>
Relationship with Guardian	<input type="text"/>
Father's Profession [Exact designation]	<input type="text"/>
Address	<input type="text"/>
District	<input type="text"/>
Country	<input type="text"/>
Phone: Office: _____ Cell: _____ E-mail: _____	
Occupation of Guardian	<input type="text"/>

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				

Co-curricular Activities

Application Procedure

- A. Form duly filled with attached complete set of Documents to be sent to;
Department of Physical Therapy & Rehabilitation , 4/A-3,Phase 5 ,Hayatabad Peshawar Pakistan.
- B. Please bring original documents at the time of interview.
- C. NOC from concerned institute / university (for final year students).
- D. Course completion certificate / degree copy (for fresh graduates).

Declaration:The information that is provided are correct without any doubt.

Name _____

Applicant Sign. _____

Date _____