DR. KHAIRUDDIN
INSTITUTE OF HEALTH SCIENCES & TECHNOLOGY

A Project of

UJALA EDUCATION & SKILLS NETWORK (PVT.) LTD.

ADMISSION FORM

SINDH BOARD OF TECHNICAL EDUCATION (SBTE) APPROVED INSTITUTE

Form No. ____________

Date: _____ / _____ / _____

1. PROGRAM INFORMATION

Please select the program you want to apply for:

☐ Nursing Assistant (1 Year)	☐ NICU Technician (1 Year)	☐ Laboratory Technician (6 Months)	☐ Physiotherapy Technician (6 Months)	☐ Ultrasound Technician (6 Months)	☐ Hijama Therapy (3 Months)

2. PERSONAL INFORMATION

Paste Passport Size Photograph Here

Full Name (As per CNIC/B-Form): ____________

Father's Name: ____________

Date of Birth: ____ / ____ / ______ CNIC/B-Form No.: ____________

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Nationality: ____________ Religion: ____________

Contact No.: ____________ WhatsApp No.: ____________

Email Address: ____________

Permanent Address: ____________

____

Current Address (if different): ____________

City: ____________ District: ____________ Province: ____________

Postal Code: ____________ Language Known: ____________

3. EDUCATIONAL INFORMATION

Qualification	Subject / Group	Board / University	Year of Passing	Marks Obtained	Total Marks
Matric / Equivalent					
Intermediate / Equivalent					
Other (If Any)					

4. DOCUMENTS CHECKLIST

Please attach attested copies of the following documents with this form:

- ☐ CNIC/B-Form Copy
- ☐ Domicile / PRC
- ☐ Matric Certificate & Marks Sheet
- ☐ Intermediate Certificate & Marks Sheet (if applicable)
- ☐ Passport Size Photographs (2)
- ☐ Any Other Certificate (if applicable)

5. DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to cancellation of my admission.

Applicant's Signature: ____________

Date: _____ / _____ / _____

6. FOR OFFICE USE ONLY

Application Received By: ____________

Date: _____ / _____ / _____

Remarks: ____________

____

Authorized Signature & Stamp

CONTACT US

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Sector 11-B, North Karachi,
Karachi, Pakistan.

0335-2732401

www.ujalaedunet.net

ujalaeducationalnetwork@gmail.com

IMPORTANT NOTES

- Incomplete forms will not be accepted.
- Submit the form along with all required documents at the institute office.
- Admissions are subject to availability of seats.
- Fee structure and timetable will be provided after admission confirmation.

Building Skills, Saving Lives, Serving Humanity