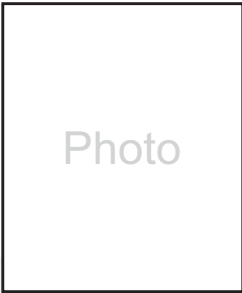




WOMEN INSTITUTE OF LEARNING ABBOTTABAD

ADMISSION FORM



Programme Applied For:

- Pharm-D
 BS (Clinical Psychology)
 Associate Degree in Education
 M.Sc. (Clinical Psychology)
 Postgraduate Diploma in Clinical Psychology

PERSONAL INFORMATION:

Name (In CAPITAL Letters):

Father's Name:

Guardian Name

Date of Birth: (in words)

Religion Nationality

Permanent Address

Mailing Address

.....

Candidate CNIC Number

Father's/ Guardian CNIC Number

Telephone: Cell: Email:

EDUCATIONAL QUALIFICATIONS

Qualification	Roll No	Subjects	Passing Year	Total Marks	Marks Obtained	%age
S.S.C						
Board						
H.S.S.C						
Board						
<input type="checkbox"/> B.A <input type="checkbox"/> B.Sc.						
University						
<input type="checkbox"/> BS <input type="checkbox"/> M.Sc.						
University						

UNDERTAKING

I declare that all the particulars given above are correct to the best of my knowledge and I shall abide by the rules and regulations and instructions that may be issued from time to time by Women Institute of Learning, Abbottabad.

Student's Signature

FOR OFFICE USE:	
(Remarks):	
Date _____	CHAIRPERSON