



# VALLEY HEART INSTITUTE OF MEDICAL SCIENCES, SWAT

Attach 7 Photos

Passport Size

With White  
Background

## ADMISSION FORM

APPLICATION PROCESSING FEE Rs. 1000/-

Admission required :

Name (In Capital) :

Father Name:

Father Occupation :  Father Source of Income:

Father Monthly Income :  Source of Tuition Fee :

Gender: Male  Female  Date of Birth:       CNIC #:

Nationality :  Domicile :

Self-Cell No :  Emergency No:

Address :

Admission Information Sources: Newspaper  Internet  Friends   
Broachers  Old Students  Sign boards

### ACADEMIC RECORD

Qualification	Total Marks	Obtained Marks	Percentage	Passing Year	Roll No.	Board/University
S.S.C						
H.S.S.C						
B.A /B.Sc						
Others						

**UNDERTAKING:** - I solemnly declare that the information given above is correct. In case of wrong information/violation of rules of the institute (VHIMS), I shall be responsible for the consequences i.e. cancellation of my admission. I am bound and will never take any action against the Institute (VHIMS).

Guardian Name: \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_.

Relationship with Guardian: \_\_\_\_\_.

Dated:

Guardian CNIC: \_\_\_\_\_.

Guardian Contact No: \_\_\_\_\_.

Guardian Occupation: \_\_\_\_\_.

Guardian Signature: \_\_\_\_\_.

**IMPORTANT INSTRUCTIONS**

1. Following documents photocopies are required for admission.
  - i. **Diploma Courses**  
3 Copies of S.S.C DMC, Original Certificate and Domicile Certificate / NIC
  - ii. **Short Courses Programs** (3 months, 6 months, one year and two years for TTB)  
Matric DMC and CNIC
2. Passport photocopies (*for foreign Students only*).
3. Seven Passport size photographs with white background.
4. *Foreign students should provide the equivalency certificate from IBBC Islamabad.*
5. *Admission fee once paid is not refundable in any case.*
6. *For further Information please visit: [vhims.edu.pk](http://vhims.edu.pk)*

**FOR OFFICE USE ONLY (Not to be filled by the candidate)**

Form No: \_\_\_\_\_ Batch No: \_\_\_\_\_ Dated: 

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Issued By \_\_\_\_\_ Verified that prescribed admission fee has been deposited /  
submitted vide *Reciept No.* \_\_\_\_\_ *Dated:*

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Admission Committee Remarks

Final Decision of the Chairman      Approved       Rejected       Waited

Comments of the Principal \_\_\_\_\_

\_\_\_\_\_  
Signature of Managing Director