PAKISTAN TECHNICAL ASSISTANCE PROGRAMME APPLICATION FORM FOR FOREIGN STUDENTS (FOR STUDY IN PAKISTAN)

1.	Name		
	Father's Name		Affix Latest Photograph
4.A	ddress:-		
(a)	Mailing (preferably Pakistani)		
(b)	Permanent		
(c)	Email		
(d)	Contact number of applicant		
5. F	Place of BirthDate of E	BirthNat	tionality
6. F	Passport (Foreign) (a) No	(b)Place of Issue	Date of Issue
	Person to be notified in Pakistan (In case of emergency)	a)Name	
		b)Phone No	
		c) Relationship	
		d)Address	

8. Have you lived in Pakistan before ? if so indicate:-

Place	Period		Purpose
	From	То	

10. Academic qualifications beginning with Secondary School Leaving Examination):-

Name/place of Institution/ University	Duration of Course (No. of years)	Examination Passed	Year	% Marks/ Division obtained	Major subjects studies.

11. Language besides English, you can :-

(Please attach attested photo copies of the certificates)

	Read			Write			Speak		Diploma or Certificate Obtained(if any)
Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	

12. The source of financing of studies.....

13. (a) The name of Bank where account is/will be opened......(b) Number of Account, if any.....

Note: Every foreign student must open an account in the bank nearest to his/her residence/ institution. He/She is required to intimate his/her Account Number to Ministry of Economic Affairs, Economic Affairs Division, Government of Pakistan, Islamabad.

I certify that the information given in this application is complete and accurate to the best of my knowledge. I also undertake not to participate in any political activity or in any demonstrations in and outside the College/University premises.

Place..... Date..... Applicant's Signature.....

Note : Please attach attested copies of your documents alongwith their list.

CHECK LIST OF THE REQUIRED DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

- 1. Attested copies of Grade-12 or Equivalence "A" Level Diploma Certificate.
- 2. Attested copies of transcripts.
- 3. Attested copies of Foreign Passport
- 4. Attested copies of Equivalence Certificate to be obtained from Inter Board Committee of Chairmen (IBCC).
- 5. Attested copy of Covid-19 vaccination Certificate

PERSONAL HISTORY

Has examinee suffered from any of the following diseases; if so when ?

- (a) Tuberculosis
- (b) Cardiac disease.

- (g) Acute or chronic respiratory disease.
- (h) When was examinee last successfully vaccinated against Smallpox and Convid-19?

Yes/No

- (i) Has examinee has typhoid fever? Or anti-typhoid inoculation ? when ?
- (d) Mental or nervous disability.

(c)Gastrointestinal disorders.

(j) Any disease or injury not noted above?

- (e) Arthritis.
- (f) Genitor urinary trait in infections. (k) Malaria.

	PHYSICAL EXAMIN	
1.	General Development: Good Fair Nutrition : Thin Average HeightBest Weight	Obese
	Any recent change in weight?Tempe	
	Skin: Any obvious disease	
3.	Eyes: LidsSight : Right Eye Corrected ?	
4. 5.	Ears: Inspection Hearing Rig	ght Ear
6.		
7.	Respiratory System: does physical examination revea organs ?	
	If yes explain fully	
8.	Circulatory System:	
	(a)Heart: Any organic lesion? Rate	
		After hopping 22 times
		2 minutes hopping
	(d) Blood pressure: Systolic	iastolic
0	(d) Blood pressure: SystolicD	
9.	 (d) Blood pressure: SystolicD Abdomen: GirthTenderness (a) Palpable: LiverSpleen KidneyT 	Hernia
9.	Abdomen: GirthTenderness (a) Palpable: LiverSpleen KidneyT (b) HemorrhoidsFistula	Hernia Tumor
9.	Abdomen: GirthTenderness (a) Palpable: LiverSpleen KidneyT	Hernia Tumor
	Abdomen: GirthTenderness (a) Palpable: LiverSpleen KidneyT (b) HemorrhoidsFistula	Hernia Tumor a sabilities
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