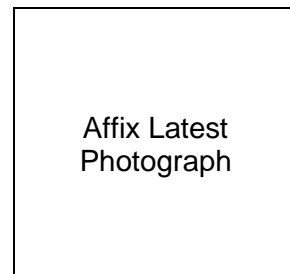


PAKISTAN TECHNICAL ASSISTANCE PROGRAMME
APPLICATION FORM FOR FOREIGN STUDENTS
(FOR STUDY IN PAKISTAN)

1. Name.....
2. Father's Name.....
3. Occupation (Father's)



4. Address:-

(a) Mailing (preferably Pakistani).....

.....

(b) Permanent.....

(c) Email.....

(d) Contact number of applicant.....

5. Place of Birth.....Date of Birth.....Nationality.....

6. Passport (Foreign) (a) No..... (b)Place of Issue..... Date of Issue.....

7. 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	To	

- (a) PTAP Academic Session under which you wish to begin your studies _____
- (b) Do you want boarding and lodging?.....
- (c) How long do you plan to study in Pakistan?.....
- (d) Physically form which country & institution you passed your 12th grade exam or Equivalent
-

9. (a) Name of proposed course of Studies.....
 (Write **MBBS/BDS/D. Pharmacy or B.Sc. Engineering** as the case may be)

(b) Option for Admission in the Colleges/Universities in order of preference:-

- 1..... 2.....
- 3..... 4.....
- 5..... 6.....

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**

	Yes/No
1. Attested copies of Grade-12 or Equivalence "A" Level Diploma Certificate.	<input type="checkbox"/>
2. Attested copies of transcripts.	<input type="checkbox"/>
3. Attested copies of Foreign Passport	<input type="checkbox"/>
4. Attested copies of Equivalence Certificate to be obtained from Inter Board Committee of Chairmen (IBCC).	<input type="checkbox"/>
5. Attested copy of Covid-19 vaccination Certificate	<input type="checkbox"/>

PERSONAL HISTORY

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

- | | |
|--|--|
| (a) Tuberculosis | (g) Acute or chronic respiratory disease. |
| (b) Cardiac disease. | (h) When was examinee last successfully vaccinated against Smallpox and Convid-19? |
| (c)Gastrointestinal disorders. | (i) Has examinee has typhoid fever? Or anti-typhoid inoculation ? when ? |
| (d) Mental or nervous disability. | (j) Any disease or injury not noted above ? |
| (e) Arthritis. | |
| (f) Genitor urinary trait in infections. | (k) Malaria. |

PHYSICAL EXAMINATION

1. General Development: Good..... Fair..... Poor.....
Nutrition : Thin.....Average..... Obese.....
Height..... Weight..... Best Weight..... When.....
Any recent change in weight?..... Temperature.....

2. Skin: Any obvious disease.....
3. Eyes: Lids.....Sight : Right Eye..... Left Eye.....
Corrected ?.....
4. Ears: Inspection..... Hearing Right Ear.....
5. Glands.....Thyroid.....
6. Condition of teeth.....

7. Respiratory System: does physical examination revealed anything abnormal in the respiratory organs ?.....

If yes explain fully.....
.....
.....

8. Circulatory System:

(a)Heart: Any organic lesion?..... Rate : Standing.....
After hopping.....
22 times.....
2 minutes.....
hopping.....

(d) Blood pressure: Systolic..... Diastolic.....

9. Abdomen: Girth.....Tenderness.....Hernia.....
(a) Palpable: Liver..... Spleen.....
Kidney.....Tumor.....

(b) Hemorrhoids..... Fistula.....
(c) Intestinal parasites.....

10. Nervous System: Indications of nervous or mental disabilities.....
.....

11. Urine analysis:
(a) Physical appearance..... (b) Sp. Gr..... (c) Albumin.....
(d) Sugar..... (e) Casts..... (f) Cells.....

12. Blood: (a) Hemoglobin..... (b) Red Cells per cmm.....
(c) Leucocytes per cmm..... (d) differential leucocytes count.....

13. In my opinion the applicant's health and physical conditions are (please tick)
EXCELLENT GOOD FAIR POOR.

14. In my opinion, the applicant is physically able to go abroad for study(please tick)
Yes..... No.....

Signed/stamp.....
Address.....
.....
Date.....