

SARDAR INSTITUTE OF ALLIED HEALTH SCIENCES APPLICATION FORM FOR ADMISSION

Data Collection Disclaimer

The information you provide in this form, including details on religion, disability, and other personal data, is collected solely for admission processing, institutional planning, and ensuring appropriate support services. Providing this information is voluntary, and your responses will not be used to discriminate against you in any way. All personal data will be handled in strict confidence and shared only with authorized staff who require it to carry out their professional duties. Any aggregated reporting will be anonymized.

Instructions for filling the admissions form

1. Write in all CAPITAL Letters.
2. Ensure the applicant's first and last names are spelled the same across all documents and match national identity records.
3. All sections marked with an asterisk (*) must be filled in. Incomplete forms will not be processed.
4. Ensure secondary school (Matric) qualification is mentioned, as well as any other higher qualification obtained, if any.
5. Applicants must have passed Matric (Science Group) or equivalent with at least **50% marks overall** and **at least 50% in science subjects (Physics, Chemistry, Biology)**. O-Level students must submit an equivalency certificate issued by IBCC.
6. Please rank your program preferences by assigning '1' to your first choice and '2' to your second choice.
7. Please ensure all the following documents are attached for the processing of this application:
 - a. Attested copies of academic certificates of all qualifications mentioned in the Academic Records section of this form.
 - b. Detailed transcripts of all qualifications mentioned in the Academic Records section of this form.
 - c. Copy of candidate's CNIC/B-Form.
 - d. Copy of father's/guardian's CNIC.
 - e. Copy of the domicile certificate of the candidate.
 - f. Two recent passport-sized photographs (head and shoulders visible with plain background).
 - g. Please attach a bank draft/pay order for **Rs. 1,000/- for application processing** in the name of
8. Completed admission forms and supporting documents may be submitted in person at **28-Canal Bank Scheme, Larechs Colony, Lahore**, or sent via email. Detailed instructions for submitting documents by email are provided below.

Sardar Trust Eye Hospital

Bank Alfalah

**Account #
55225002030591**

Instructions for submitting the form and documents via email

1. Go to **www.smallpdf.com/edit-pdf** or any other trusted PDF editing tool.
2. Upload the admissions form.
3. Use the Text tool to type your details in the relevant fields.
4. Use the Shape tool to check any boxes.
5. Use the Signature tool to add any signatures.
6. Save the completed PDF to your device.
7. Save the form as: **FirstNameLastName_ AdmissionForm.pdf** (Example: *AyeshaKhan_ AddmissionForm.pdf*)
8. Save each supporting document as: **FirstNameLastName_DocumentType.pdf** or **.jpg** (Example: *AyeshaKhan_ MatricCertificate.pdf* ; *AyeshaKhan_ GuardianCNIC.jpg* ; *AyeshaKhan_ ApplicationFee.pdf*)
9. Ensure all scanned documents are clear and legible before sending. Only one photograph in IMAGE format (JPG/JPEG/PNG) is required if submitting via email.
10. Review all documents before submission.
11. Attach the completed PDF form and all required documents in a single email.
12. Send your email to: **info@sardartrust.org** with the subject line: **Admissions 2025 – FirstName LastName** (Example: *Admissions 2025 – Ayesha Khan*)

In case of any queries, please contact

- Call or WhatsApp: +92 307 4162773 / +92 309 7881933
- Landline: 042-36847000
- Email: info@sardartrust.org

The last date for submission of the admissions application form is 22nd September 2025. No admission forms or documents will be accepted after this date.

SARDAR INSTITUTE OF ALLIED HEALTH SCIENCES
APPLICATION FORM FOR ADMISSION



SARDAR INSTITUTE
OF ALLIED HEALTH SCIENCES

1. *Applicant's First Name: _____

2. *Applicant's Last Name: _____

3. *Date of Birth (DD/MM/YYYY): - -

4. *Nationality: _____

5. *CNIC or B-Form:

6. *Domicile: _____

7. Marital Status: ☐ Single ☐ Married

8. *Gender: ☐ Male ☐ Female ☐ Other

9. *Blood Group: _____

10. Religion: _____

11. Do you have any known disability, medical condition, or accessibility requirements we should be aware of to support your learning?

☐ None ☐ Physical disability (e.g., mobility impairment, wheelchair user) ☐ Visual impairment (partial sight, blindness)

☐ Hearing impairment (partial hearing, deafness) ☐ Speech or communication difficulty ☐ Mental health condition

☐ Learning disability (e.g., dyslexia, ADHD) ☐ Chronic illness or medical condition

☐ Please state here if any other _____

12. Annual Household Income: _____

13. *Current Address: _____

14. *Permanent Address: _____

**<Two recent passport-sized
photographs>**



15.*Phone Number (Applicant): _____

16.*Phone Number (Residence): _____

17.*Email Address: _____

18. Are you presently employed? ☐ Yes ☐ No

a. If yes, state the organization: _____

b. If yes, specify designation: _____

19.*Father's/Guardian's Name: _____

20.*Father's/Guardian's CNIC Number:

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21.*Father's/Guardian's Phone Number: _____

22.*Program Preference: ☐ Ophthalmic Technician (FSc. Equivalent) ☐ Dispensing Optician

23. Academic Record

Sr #	Institution Name	Board	Qualification (Matric, FSc.)	Year of Passing	Overall Marks Obtained	Overall Percentage	Total Marks Obtained in Biology, Physics, Chemistry	Aggregate Percentage in Biology, Physics, Chemistry
1								
2								
3								
4								

Declaration by the Applicant (and Guardian if under 18)

I hereby declare that all the information provided in this application form and supporting documents is true, complete, and accurate to the best of my knowledge. I understand that:

- Admission to the Sardar Institute of Allied Health Sciences (SIAHS) is **based strictly on merit** and subject to fulfillment of all **eligibility criteria**.
- Submission of this application **does not guarantee admission**.
- Only shortlisted candidates who meet the admission criteria will be contacted for confirmation and enrollment.
- Providing false, misleading, or incomplete information may result in **disqualification from admission** or **cancellation of admission at any stage**, even after enrollment.
- The institute reserves the right to modify the admission schedule, criteria, or available seats without prior notice.

I further agree to abide by all rules, regulations, policies, and codes of conduct set by the institute during the course of my studies.

Signature of Applicant: _____

Signature of Father/Guardian (if applicant is under 18): _____

Application Submission Date: _____

FOR OFFICE USE ONLY

1. Diary No: _____

2. Submission Date: _____

3. Submitted by: _____
