Attach one recent Passport size Photographs here

PAKISTAN INSTITUTE OF OPHTHALMOLOGY

AL SHIFA TRUST EYE HOSPITAL

RALWALPINDI

Admission Form for BS Optometry
4 Years /8 Semesters Programme

Fall 2026

Section A: Personal Information

1. **Name:** _____Marital Status: Married/Unmarried

2. **Date of Birth**: ____ /_____/ ____ **(DD/MM/YYYY) Domicile/Province**: _____ **Nationality:** _____

3. **Father Name**: _____ **Profession:** _____

   Designation: _____

4. **Postal Address;** _____

   _____

5. **Permanent Address**: _____

   _____

6. **Contact No**: (candidate): _____ (father/guardian): _____

7. **Are you presently studying in a College/Institute**? _____

   If yes, indicate the name of the college/Institution: _____

   Discipline/Program: _____

8. **Are you presently employed?** _____ If yes, indicate the Organization_____

   Designation: _____

Section B: Academic Record (Please include all examination taken)

	Certificate/Degree	Year	Marks Obtain/Total	Grade/Division	Board & Educational Institutions Attended
a.	Secondary School Certificate(Matriculation), O-Level Or Equivalent				
b.	F. Sc/ A-Level or equvilent Higher Secondary School Certificate (HSSC)	_____	_____	_____	_____
d.	Any Other Certificate or Degree				

Section C: Academic Distinctions

Merit Position; _____Scholarships:_____

Medals: _____ Any other distinction: _____

Section D: General

Were you ever removed or expelled from any College/Institute? If yes give details: _____

_____

_____

Indicate any other disciplinary action if taken against you: _____

_____

Were you ever convicted by a Court of Law? If yes, give details: _____

_____

Have you been a student of this institute before? If yes give details: _____

_____

DECLARATION BY THE CANDIDATE:

I hereby solemnly declare that:

a. The information given in this Admission Form is correct to the best of my knowledge and belief and if anything is found incorrect, the Institute will have the right to cancel my admission and expel me from the Institute.

b. I promise to:

   i. abide by the Statutes, Regulations and Rules etc. framed by the Institute from time to time;
   ii. maintain good behavior;
   iii. Work diligently and maintain the dignity and prestige of the Institute both on and off the Campus.

c. I undertake to be a full-time and regular student of the Institute and shall not join any other Programme or accept any employment for the duration of the Programme registered.

d. I further undertake that I will not claim hostel accommodation as a matter or right if admitted in the Institute.

e. I hereby declare as binding on me, that as long as I am a student, I accept all the Statutes, Regulations, and Rules in force at the time of joining the Institute and framed subsequently. I shall submit to the Discipline of the Institute authorities as exercised through its various Committee and Officers.

f. I accept as a condition of my Admission the authority of the Institute to the effect that if my stay is not conducive to the normal academic and community life on the campus, I will not hesitate to withdraw my name after being called upon me to do so, and my Admission will be treated as cancelled.

Signature of the Candidate/Digital Signature

INSTRUCTIONS FOR THE CANDIDATES

1. All entries in the form must be made in BLOCK LETTERS or must be typed.
2. Strike out what is not applicable, but do not leave any entry unfilled.
3. In case an entry does not apply to you, clearly write NOT APPLICABLE. In all other columns write the necessary information or write appropriate replies, such as yes, no, nil etc.
4. One copy of the following documents should accompany the application:
    a. All the degrees and certificates of education mentioned on the second page of this form.
    b. All the detailed marks certificates of education mentioned on the second page of this form.
    c. Equivalence certificate from HEC/IBCC in case of ''A-Level' or other qualifications from foreign Universities/Institutes.
    d. Domicile certificate of the candidate.
    e. Character Certificate from the Institution last attended.
    f. National Identity Card of the Candidate.
    g. National Identity Card of the Candidate's Father/Parent/Guardian.

5. Please attach bank draft/pay order for Rs 2000/ in name of Al-Shifa Trust Eye Hospital with the form.