



**MTI-COLLEGE OF MEDICAL TECHNOLOGY
BACHA KHAN MEDICAL COLLEGE
MARDAN**

4 PASSPORT
SIZE
PICTURES

**APPLICATION FORM FOR RESERVED SEAT OF
MTI MARDAN EMPLOYEES/CHILDREN
SESSION 2020**

Program Offered:

*BS Anaesthesia Technology, BS Cardiology Technology, BS Dental Technology,
BS Medical Lab Technology, BS Radiology Technology*

Note:

1. Please mark only one program applying for.
2. Submit separate application form for applying against more than one discipline.

DISCIPLINE IN BS PARAMEDICS 04 YEARS		
Anaesthesia Technology <input type="checkbox"/>	Cardiology Technology <input type="checkbox"/>	Radiology Technology <input type="checkbox"/>
Medical Lab Technology <input type="checkbox"/>	Dental Technology <input type="checkbox"/>	

Name: _____ Father /Husband Name: _____
(As per SSC certificate in BLOCK letters)

Date of birth (DD/MM/YY): ____/____/____ Gender: M / F: _____

Married/Unmarried: _____ Place of Birth: _____

Domicile District: _____ Nationality: _____

Address: _____

Phone: (Res) _____ (Cell) _____

Email address: _____

Permanent address: _____

Hafiz-e- Quran : Yes NO

(In case of Yes, Please attach Valid Certificate issued from government approved Madrassah)

Emergency contact details:

Name: _____ Relationship with applicant: _____

Address: _____

Cell No _____ Phone: _____

Particulars of MTI-MMC/BBCH/BKMC/BKCD/MCNM/MCMT Employee

Name of Applicant	Name of Employee	Designation/Department	Relationship with Applicant
			Self <input type="checkbox"/>
			Child <input type="checkbox"/>

It is hereby certified that the above candidate has been permitted for admission in said seat and above data are verified with office record and found it correct.

Signature / Stamp of Head of Institute

Academic Qualification

Qualification	Year of passing	Marks Obtained	Total marks	Percentage	Name of Board
Matric					
F.Sc Pre-Medical/Medical Technology					
Others equivalent qualification (with IBCC Certificate)					

Father/Guardian's Name: _____ Occupation: _____

Exact Relationship with the Guardian: _____

Certified that the facts produced are correct to the best of my knowledge:

Signature of the Applicant's Father/Guardian

Signature of the Applicant

CNIC No: _____

CNIC No. _____

Date: _____

Date: _____

Note: Attested copies of the following documents must be attached with the application form in the following sequence: Incomplete application will not be processed.

Tick the relevant box for the attached documents

- A copy of Secondary School Certificate & DMC (Science/Equivalent).
- A copy of Higher Secondary School Certificate & DMC (FSc: Pre-Medical)
- A copy of domicile certificate

- A copy of Computerized National Identity card of the candidate
- A copy of computerized National Identity Card of the father/guardian of the applicant
- Four passport size coloured photographs of the applicant attested on the back.
- IBCC certificate in case of equivalency
- A copy of Hafiz e Quran Certificate
- NOC from Head of Institute



For office use only

Receipt No: _____

Discipline: _____

Fee Amount: _____

Dated: _____

Remarks: _____

Principal: _____