



APPLICATION FORM *for* ADMISSION *in*

BBA (FALL 2021)

Institute of Business & Health Management (IBHM)

Photograph

BBA..... ☐ **BBA.....**
(4 Years) **(2 Years)**

Fill the form in block letters.

Name of Applicant _____ Father's Name _____

Birth Date

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 Domicile _____ Birth Country _____ Age on closing date _____

National ID No. _____
Or "B" Form No. _____ Marital Status _____ Religion _____ Male ☐ Female ☐

Home Address _____ **Tel No.** _____
(as mentioned in CNIC)

Mobile: _____ E-mail: _____

EDUCATION AND ACADEMIC DEGREES (To be attached with Admission form)

Academic Degree		Major Subject	School/University/City	Country	Duration	Result (%A-D)
Matric / O-Level / Other						
Intermediated/A-Level/Other						
Bachelor	If applicable					
Master						
Other degree						

PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

Particulars of Father/Mother/ Guardian

Name _____ Male ☐ Female ☐

Marital Status _____ Relationship with Candidate _____

National ID No.

_____ Mobile No. _____ Tel No. _____

Department _____ Occupation _____

Designation _____

Father's / Guardian Signature

NOTE: INCOMPLETE FORM WILL BE REJECTED

Paid Fee Voucher of Rs.2,000/- ----- Yes ☐ No ☐

Matric Marks Sheet attached_____ Yes ☐ No ☐

Matric Pass Certificate attached ----- Yes ☐ No ☐

Intermediate/A-Level Marksheet ----- Yes ☐ No ☐

Candidate's Domicile attached ----- Yes ☐ No ☐

Candidate's PRC attached ----- Yes ☐ No ☐

Father's CNIC attached_____ Yes ☐ No ☐

Candidate's CNIC / B form attached_____ Yes ☐ No ☐

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form..
3. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.
4. Photocopy of the application form and incomplete form will be rejected.
5. No form will be accepted in any case after the last date and time of the application form.
6. Each application should be accompanied by **Non Refundable Entrance Test Fee**” of Rs.2,000/- (Rupees two thousand Only) in the form of Paid Fee Voucher in UBL Baba-e-Urdu Road Branch, Karachi.
7. Carefully check the **‘Required Documents’** list mentioned in the Application Form.
8. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
9. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
10. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS **www.duhs.edu.pk**
11. **DO NOT** submit the original documents along with the application form.
12. All queries should be sent on email address mentioned on the Back page.
13. No candidate should contact personally for any queries.
14. Daily visit the website of DUHS for announcement and informations.
15. Do not forget to keep the Photocopy of the application form in your own record.

Bank Copy

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DOW UNIVERSITY OF HEALTH SCIENCES

DMC CAMPUS

UBL A/C # 101-3400-6

Baba-e-Urdu Road Branch, Karachi- 0401

Due Date: 25/8/2021Matric Roll No:

NAME: _____

FATHER NAME: _____

DETAIL OF FEES:	AMOUNT
Application Processing Fee	Rs.2,000.00
Total	Rs.2,000.00
Rupees: Two thousand Only	

Note: The Fee amount should be deposited with the Application Form at authorized UBL Branches.

Receiving Branch Stamp & Signature_____
Applicant Signature

Application Form Copy

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