



OBAID NOOR

INSTITUTE OF MEDICAL SCIENCES (ONIMS)

Application Form for Admission 2022

Phone: 0309-8882501

Email: info@onims.edu.pk

Name of Programs:

Pharm. D

BS Nursing

BS MLT

Name of Candidate: _____

Father's/Guardian's Name: _____

OFFICE'S RECORD

1- Application Form No. _____ 2- Applied for: _____

3- Date of Submission: _____ 4- Entry No. _____

5- Admission Officer's Name: _____ 6- Signature: _____

DEPOSITOR'S SLIP

1- Application Form No. _____ 2- Applied for: _____

3- Name of Candidate: _____

4- Father's/Guardian's Name: _____

5- Date of Submission: _____ 6- Entry No. _____

7- Admission Officer's Name: _____ 8- Signature: _____

INSTRUCTIONS FOR CANDIDATE

(Please read carefully before filling in the form)

1. Each candidate has to submit the application on the prescribed form.
2. The application should be duly filled in by the candidate in his/her own handwriting in block letters with BLACK/BLUE INK or BALLPOINT. Fill all the columns and write Not Applicable in columns if irrelevant.
3. O/A level candidate should mention equivalent marks obtained and maximum marks in the admission form awarded by the Inter Boards Committee of Chairman (IBCC), Islamabad.
4. If a candidate is admitted on the basis of statements made in the above application and subsequently it is found that any of the statements was false, the candidate shall not be admitted and if admitted, he/she will be expelled from the Institute and all fee and other dues paid by him/her to the Institute up to that time shall be forfeited. The student and his/her father/guardian would also be liable to any further departmental or legal action that the Institute may deem fit to take.
5. The Institute Administration has the right to fine, suspend, rusticate, relegate or terminate the studentship of the student who found guilty of:
 - saying or doing anything which might adversely affect the honor and prestige of Pakistan, or Institute and teachers and his/her educational institution
 - willfully and deliberately damage or misuse the Institute property.
 - providing fake documentary proof for Medical Certificate, Fee Concession, ID card etc.
 - failing to submit the fee/dues within the stipulated time frame.
 - smoking in the classroom, laboratory, library and examination hall or non-smoking designated area.
 - forming or associating with, an Organization/Society/Club, or any other body, promoting caste distinctions and inciting parochial/linguistic/regional feeling.
 - organizing or holding any function within the precincts of the institute except in accordance with the prescribed rules and regulations.
 - collecting money or receiving donations or pecuniary assistance for or on behalf of the Institute or for any Institute organization except with written permission of the competent authority.
 - staging inciting or participating in a walkout, strike or any other form of agitation which might create or is likely to create law and order problem for the Institute or is likely to affect its smooth functioning or repute.
 - indulging in immoral activities, using indecent language, making indecent remarks, jokes or gestures or behaving in an improper manner;
 - or carrying weapons, narcotics, immoral or subversive literature;
 - using insulting or abusive language or resort to violence against a fellow student or employee of the Institute.
 - wearing immodest dress.
 - disobeys the rules & regulations put forth in the disciplinary policy or student code of conduct as updated from time to time.

WARNING: Incomplete application will not be processed.

I have read the relevant rules & Regulations before signing this application.

Signature of Applicant

Signature of Admission Officer



OBAID NOOR

INSTITUTE OF MEDICAL SCIENCES (ONIMS)

Application Form for Admission

Select the appropriate program

Pharm. D BS Nursing BS MLT

Hostel Required: Yes No

Paste one
Photograph here

and
enclose 03 more
Photographs
with the form

PART-I COMPULSORY FOR ALL ADMISSIONS

1 Person Details (Use CAPITAL letters and write your details EXACTLY as they appear in your documents)

Applicant's Name:																	
CNIC/B. Form No.																	
Nationality:					Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other									
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of Birth:		
	DD	MM	YY														
Applicant's Cell No.												Religion:					
Father's Name:																	
Father's CNIC No.																	
Present Address:																	
					City:					District:							
Permanent Address:																	
					City:					District:							
Guardian's Name:																	
Relationship with Applicant:																	
Guardian's CNIC No.																	
Guardian's Cell No.																	
FBR Filer:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please provide NTN												

Father's/ Guardian's Annual Income from all sources		Domicile District		Domicile Province	
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2 Academic Record

Title	Name of Institute	Name of board	Passing Year	Marks Obtained / Total	% / Grade / Division
Matric (SSC)/ Equivalent etc					
Intermediate (F. Sc Pre Medical) / Equivalent etc					
B. Sc or Equivalent (14 Year)					
Others					

CHECKLIST

Note: Attach four (4) copies of following documents

✓ / ✗

- | | |
|---|--------------------------|
| i. CNIC/B. Form of candidate | <input type="checkbox"/> |
| ii. CNIC of father/guardian | <input type="checkbox"/> |
| iii. Latest photographs | <input type="checkbox"/> |
| iv. Matric (SSC) or equivalent certificate (O-Level) | <input type="checkbox"/> |
| v. Intermediate (F. Sc Pre.Medical) or equivalent certificate (A-Level) | <input type="checkbox"/> |
| vi. MDCAT/NTS or any other relevant test result copy | <input type="checkbox"/> |
| vii. Fitness certificate by registered medical practitioner | <input type="checkbox"/> |
| viii. Hafiz-e-Quran certificate by registered Madrasa (If applicable) | <input type="checkbox"/> |
| ix. Special Person certificate issued by NADRA (If applicable) | <input type="checkbox"/> |
| x. FBR certificate (Active Taxpayer) | <input type="checkbox"/> |

Signature of Applicant

Signature of Admission Officer

Signature of Focal Person