



OBAID NOOR

Institute of Medical Sciences (ONIMS), MIANWALI

Application Form for Admission

Select the given programs of study priority wise:

● Pharm. D ● BS Nursing ● BS MLT ● DPT ● Post RN ● LHV ● CMW ● B-Tech

Priority: 1st _____ 2nd _____ 3rd _____

Candidate's Name: _____

Father's/Guardian's Name: _____

Application Fee Details

1. Mode of Payment: _____ 2. *Challan/Voucher No: _____
(Online, In Bank, Cash)

3. Paid Amount: _____ 4. Date: _____

*Attach bank receipt or online payment proof

For the Office Use Only

1. Inquiry No: _____ 2. Registration No: _____

3. Admission No: _____ 4. Date of Submission: _____

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

Student's Copy

1. Inquiry No: _____ 2. Registration No: _____ 3. Admission No: _____

4. Candidate's Name: _____

5. Father's/Guardian's Name: _____

6. Date of Submission: _____

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



OBALD NOOR

Institute of Medical Sciences (ONIMS), MIANWALI

(This form should be filled in BLOCK letters)

Form No. _____

(For official use)

Note: Please read the instructions given at the end of the application before filling in the form (page#4)

Study Program *(For official use)*: _____

Hostel Required: Yes No

Paste 01
Passport Size
Photograph Here

PART-I (Personal Information)

Candidate's Name: _____ Gender: Male Female Other

Date of Birth:

D	D
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M	M
---	---

Y	Y	Y	Y
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 Place of Birth: _____ Marital Status: _____

National ID card / "B" Form No.

				-								-			
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 Nationality: _____ Religion: _____

Applicant's Mobile No: _____ Active WhatsApp No: _____

Domicile (District): _____ Email Address: _____

Father's Name: _____ Father's CNIC No:

					-								-		
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Father's Occupation: _____ Organization: _____

Department: _____ Designation: _____ Highest Education Level: _____

Present Address: _____

City: _____ District: _____ Province: _____

Permanent Address: _____

City: _____ District: _____ Province: _____

Guardian's Name: _____ Guardian's CNIC No:

					-								-		
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Relationship with Applicant: _____ Mobile No: _____ Active WhatsApp No: _____

Guardian's Address: _____

FBR Filer: Yes No If yes, please provide NTN: _____

Father's/Guardian's Annual Income from all Sources: _____

PART-II (Educational Information)

Education	Name of Board / University	Year of passing	Annual / Supplem.	Exam. Roll No.	Marks Obtained	Total Marks	% age
(A) Academic							
Matric / equivalent							
Intermediate / equivalent							
Other (s)							
(B) Professional (If any e.g. Diploma/Certification etc.)							

PART-III (Experience Information) (if any)

Name of Organization/Institution	Duration		Designation	Job Description
	From	To		

Have you appeared in any aptitude test before? (NAT/IUB or MDCAT test)

Yes No if yes, give details

Date	Entry Test Roll No.	Result (%age)	Validity

Documents Required

Note: Attach one (1) attested copy of the following documents.

- CNIC/B. Form of the Candidate
- CNIC of the Father/Guardian
- Latest photograph
- Matric (SSC) or equivalent certificate (O-Level)
- Intermediate or equivalent certificate (A-Level)
- Other educational qualification certificate
- MDCAT/NAT/IUB or any other relevant test result copy (If applicable)
- Hafiz-e-Quran certificate by registered Madrasa (If applicable)
- *Special Person certificate issued by NADRA (If applicable)
- FBR certificate (For active taxpayer)

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Person with disability duly certified by NADRA

Instructions for Candidate

(Please read carefully before filing in the form)

1. Avoid overwriting/cutting, while filling in the form.
2. Fill all the rows & columns of application form in **BLOCK LETTERS** with black/blue pen.
3. Be sure to tick the appropriate box in the application form.
4. Photocopies of all required documents must be attested by a gazetted officer (grade 16 and above).
5. Photocopy of the application form and incomplete form will be rejected.
6. Application form will not be accepted in any case after the due date fixed for admission.
7. Application form will not be considered without the payment of application fee (Rs. 1500/-).
(<https://onims.edu.pk/how-to-apply/>)
8. Carefully check the "Required Documents" list mentioned in the admission form.
9. Do not submit the original documents along with the admission form.
10. Do not forget to obtain/demand the student's copy of the confirmation of the submission of application form from the admission officer.
11. Applicant must study the Admission Policy of ONIMS in order to understand the rules & regulations prior to submission of admission form. (<https://onims.edu.pk/admission-guideline/>)
12. If a candidate is admitted on the basis of the statements made in the above application and subsequently it is found that any of the statement 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 legal action that the institute may deem fit to take.

I hereby, confirm with my signatures that I have read the relevant rules & regulations before signing this application and accept above mentioned rules & regulations. I also hereby, declare that information provided in the form is correct to the best of my knowledge.

Signature of Applicant

Signature of Father / Guardian