



LAHORE COLLEGE OF PHYSICAL THERAPY (LM&DC)

APPLICATION FORM

For Admission in Doctor of Physical Therapy (DPT) Course

Applicant Information

Please write in block letters:

Applicant Name:

(As per Matric or equivalent certificate)

Applicant C.N.I.C No.:

Gender:

Age:

Date of Birth:

Religion:

Nationality:

Domicile:

Permanent Home Address:

City:

Mailing Address:

City:

Telephone No.:

Applicant Cell No.:

Applicant E-mail address:

Blood Group:

Parents /Guardian Information

EST 2008

Father/Guardian Name:

(As per Matric or equivalent certificate)

Father/Guardian C.N.I.C No.:

Occupation / Profession:

Sector: Private

Public

Employment: Employed

Self Employed

Monthly Income:

Source of Income:

Telephone No.:

Cell No.:

Educational Details:

	Name of Board/University	Roll No.	Registration No.	Total Marks	Marks Obtained	Percentage	Year of Qualification
Matric / Equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.Sc / Equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MDCAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

College Transport: Required Not Required

Hostel Accommodation: Required Not Required

Emergency Contact Information:

Name: Relation:

Telephone No.: Cell No.:

Documents to be enclosed with Application Form:

1. Valid Matric or Equivalent Certificate along with 'O' Level Transcript.
2. Valid F. Sc. or Equivalent Certificate along with 'A' Level Transcript.
3. CNIC of the Father and C.N.I.C./ (ب) نامہ of the Student.
4. Four Passport Size Photographs with Sky Blue Background (stapled on front page of Form).
5. MDCAT Marks Certificate.

Declaration by the Applicant and Parent /Guardian

I have read the application form and prospectus of Lahore College of Physical Therapy, (LM&DC) and am fully aware of the details of the teaching program. If granted admission, I undertake to pay the fees and all other dues to Lahore College of Physical Therapy, (LM&DC) regularly and without delay. I also undertake to abide by the rules and regulations of Lahore College of Physical Therapy, (LM&DC). I further certify that the information provided in the application form is true to the best of my knowledge and belief.

I fully understand that no partial or total refund is allowed at all after the deposit of the college fee.

Sign of Applicant

Sign of Parent /Guardian

Date

For Office Use Only

Qualification	Marks	%age
1. Matric / Equivalent	<input type="text"/>	<input type="text"/>
2. F.Sc / Equivalent	<input type="text"/>	<input type="text"/>
3. MDCAT	<input type="text"/>	<input type="text"/>
4. Score in Interview/ Overall assessment	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Merit No.:

Signature of officer /official
who prepared Merit

Recommendation /Remarks of Interview Committee:

Decision:

Admitted

Rejected

Principal

PHYSICAL THERAPY

PAKISTAN

EST 2008

A PROJECT OF LMDC

