

MUSTAFA KAMAL INSTITUTE Nursing & Medical Sciences

A Project of Kamal Education Comple

SESSION:	ADMIS	SION FORM		
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(1) PERSONAL DETAILS		HE FORM IN CAPITAL	L LETTEKS	
STUDENT NAME (As in Matr	ic Certificate)			Attach Pics
GENDER		MARITAL STATUS	5	
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STUDENT CNIC/B-FORM		Date of Bi	rth	
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PARENT / GUARDIAN NAI	ME: (As in Bastria Ca			
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CURRENT ADDRESS:				
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Department of Nur	sing			alth Technology
	ears)	PPOCPANAC	RIT (Radiography & Ima	
201001111	ears)	PROGRAMS	OTT (Operation Theate	
	ears)	APPLIED	MLT (Medical Lab Tech	
	ears)		Dispenser Pharmacy Tecl	(2 Years)
CMW (Community Midwife) (2 You	ears)		Pilatiliacy leci	IIIICiaii (2 fears)
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