



Serial No: \_\_\_\_\_

Register / Roll NO: 

--	--	--	--	--	--	--	--	--	--

 DATE 

--

**Name:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_

**Marital Status:** Single ☐ Married ☐ **Gender:** Male ☐ Female ☐ Transgender ☐

**Date of Birth**

--	--	--	--	--	--	--

 Write your Correct Date of Birth otherwise you will be rejected

**Religion:** Muslim ☐ Non-Muslim ☐

**Address(postal):** \_\_\_\_\_

**City:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Phone No: (OFF) (RES.) (Mobile)**

**Address(permanent):** \_\_\_\_\_

**Are you currently employed?** Yes ☐ No ☐ If yes gives the name of the Institution / Organization \_\_\_\_\_

**Academic Qualification:** Candidate having O-Level / A-Level write their marks after taking Equivalence Certificate from IBCC

Certificate / Degree Name	Specialization / Major Subject	Year of passing	Obtained Marks	Total Marks /Percentage	Board / University / Institute



# GENERATION

## INSTITUTE OF HEALTH MANAGEMENT SCIENCES

### Professional Qualification:

Certificate / Degree Name	Specialization / Major Subject	Year of passing	Obtained Marks	Total Marks /Percentage	Board / University / Institute

### Professional information

Employment Record: (Last five years starting from current employer)	Business Activity	Your Title & Department	Period of Employment

### Undertaking By the Applicant:

I \_\_\_\_\_ d/s/w of \_\_\_\_\_ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for appearing in the interview/ Test, and I have filled-up the application form as per instructions accordingly. In case of any information contained herein is found at any stage to be missing, untrue, false or forged, my candidature can be canceled at any stage (even after admission, if so revealed later), and I shall be liable to legal action.

Date: \_\_\_\_\_ Signature of the Candidate \_\_\_\_\_ Thumb Impression: \_\_\_\_\_



# GENERATION

## INSTITUTE OF HEALTH MANAGEMENT SCIENCES

### Particulars of Father/Mother/ Guardian

Name: \_\_\_\_\_

CNIC No 

					-												
--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status \_\_\_\_\_ Relationship with Candidate \_\_\_\_\_

Address (Present) \_\_\_\_\_

Tel No \_\_\_\_\_ Mobile No: \_\_\_\_\_

Address permanent \_\_\_\_\_  
(As mentioned in NIC)

Father's/Guardian Income: \_\_\_\_\_ Occupation: \_\_\_\_\_

Department: \_\_\_\_\_ Employer: \_\_\_\_\_

Designation: \_\_\_\_\_ Highest Education Level \_\_\_\_\_ Citizenship of Province: \_\_\_\_\_

#### Eligibility Criteria for Diploma /Certificate:

- (1) Metric/ inter science with at least 45% from any board of Sindh
- (2) Sindh Domicile
- (3) Age 16 to 30 Years

#### Eligibility Criteria for Medical Professional Growth Diploma/Certificate:

- Medical professionals (Nurses, Paramedics, Technicians, Pharmacists Doctors)

#### Application must be accompanied with photocopies of the following documents.

- (1) For recent passport size photographs of applicant (4)
- (2) Inter Certificate and Mark Sheet
- (3) Metric Mark Sheet / Metric Certificate
- (4) Domicile Certificate
- (5) PRC
- (6) National Identity Card/ B. Form (NADRA)
- (7) Character Certificate from Head Master/ Principal / Head of Institute
- (8) Declaration by the applicant and his / her father guardian. (To be filed in Admission Form).
- (10) The list of eligible candidates for interview & date of interview will be display at Notice Board on
- (11) No Separate call letter to individual will be issued for interview.



# GENERATION

## INSTITUTE OF HEALTH MANAGEMENT SCIENCES

NOTE: INCOMPLETE FORM WILL BE REJECTED Remarks (If any)

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| 1. Paid Fee Voucher                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Metric /Inter Marks Sheet Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Metric/Inter Certificate Attached  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Candidate's Domicile Attached      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Candidate's PRC Attached           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Father's Domicile Attached         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Father's CNIC Attached             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Candidate's CNIC / B form Attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Recent Passport Size Photograph    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Degree attached (if any)          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### REFUNDABLE POLICIES

#### **REGISTRATION FEE/ADMISSION FEE/MONTHLY FESS IS NON-REFUNDABLE.**

- Tuition Fee is refundable within 15 days of convene of classes on a pro rata basis as given below:  
No refund shall be admissible after 15 days of convene of classes either one joins GIHMS /avails facilities or not.
- Admission fees will not be refundable after passing of 10 Days and admission may terminate if the candidate will absent from 1 month and not submit to pay the fees. Student cannot claim to return the fees.

S#	TIMELINE FOR REFUND OF TUITION FEES	%AGE OF REFUND FEES
1	Before convene of classes	70%
2	Up to 1 week of convene of classes	50%
3	Up to 2 weeks of arrange of classes	25%
4	After 2 weeks of convene of classes	0%

#### **IMPORTANT NOTE:**

It is to informed all the candidate who will get the admission in any diploma course he/she is to responsible for monthly fees submission, if any student could not submit his/her arrears of more than 2 month then his/her admission will be terminated in the 3<sup>rd</sup> month, the institute will not be responsible for refund of any fees in case of termination/cancelled the diploma at any stage. The student is bound to submit his/her student's ID CARD/any other she/he have been taken.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Father's / Guardian Signature