

ADMISSION APPLICATION FORM CERTIFIED CARDIAC REHABILITATION

Batch/Year: _____

Form Serial# _____

This form is to be used to apply for the admission to the following **Programs at Tabba Heart Institute (THI)**, Karachi, Pakistan.

ADMISSION FORM COMPLETION CHECK LIST

- Please mark all the documents, duly attested & attached with the application form.
- Incomplete application form and shall not be considered?
 Copy of Valid C.N.I.C / 'B' Form 02 recent photographs (passport size)

PERSONAL DETAILS:

IMPORTANT INSTRUCTIONS:

- ❖ Use BLOCK LETTERS to fill the form.
- ❖ The Name and Father's Name must be written as on Matriculation Certificate.

ATTACH 01
PASSPORT SIZE
PHOTOGRAPHS

APPLICATION'S FULL NAME: _____

FATHER'S NAME: _____

GENDER: MALE FEMALE BLOOD GROUP: _____ RELIGION: _____DATE OF BIRTH:

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

 C.N.I.C#

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

POSTAL ADDRESS FOR CORRESPONDENCE: _____

PROVINCE: _____ CITY: _____ COUNTRY OF RESIDENCE: _____

PERMANENT ADDRESS: _____

CANDIDATE'S EMAIL: _____ PARENT'S EMAIL: _____

CONTACT NO. RESIDENCE: _____ CANDIDATE'S MOBILE NO: _____

CLASSES / CLINICALS:

CLASSES: PHYSICAL ONLINE CLINICAL HOURS: Preferably Time / Days: _____

PLEASE ANSWER:

*Note: (You can attach separate page for answer)

- Why you are interested? How this course will benefits you in professional practice? How it is relevant to your current filed of practices?

ACADEMIC PROFILE:

Starting with the most recent, hereunder the details of all degrees/diplomas you have attained. If you are currently studying or awaiting for any result, please indicate the expected date of completion/results.

LEVEL OF EDUCATION	NAME OF SCHOOL/ COLLEGE/UNIVERSITY	MAJOR FIELD OF STUDY	YEAR OF PASSING	GRADE/DIVISION

Mention here under the details of all trainings/workshops/certificate courses you have attended

COURSE / TRAINING DETAIL:

COURSE / TRAINING ATTENDED	NAME OF INSTITUTE / ORGANIZATION	DESCRIPTION OF CREDIT HOURS/SUBJECT TO VALUES

PROFESSIONAL PROFILE:

Starting with the most recent, please mention here under the details of work experiences you have attached.
 If you are currently under some service contract/bond, please indicate probable date of bond completion/ending.

JOB TITLE	NAME OF ORGANIZATION	FULL TIME/ PART-TIME	FROM (MM/YEAR)	TO (MM/YEAR)

English Language proficiency: Average Good Excellent
 Computer Usage proficiency: Novice Intermediate Highly Skilled

UNDERTAKING

The contents of this undertaking and the details given in the entire application form along with the enclose documents / certificate are true and correct to the best of my knowledge & belief and nothing has been concealed. I understand that concealment, misrepresentation of facts or submission of any fraudulent documents and information can lead to my immediate expulsion from Tabba Heart Institute's programme. I agree that I will use all such equipment and facilities with due care and I shall policies of instauration, applies on me.

NAME OF APPLICANT: _____

SIGNATURE: _____ **DATE:** _____

For any assistance, please contact:
 Department of Allied Health Sciences (AHS)
Tabba Heart Institute (THI), ST#01, Block#2 Federal B, Area, Karachi
 UAN: 021-111-844-844, Ext: 1434

