



ISRA UNIVERSITY

APPLICATION FOR ADMISSION
2017-2018

Please
Attach Your
Recent Passport
Size Photograph

PERSONAL INFORMATION

Name: (In Block Letters)		Surname:	
Father's Name:		Father's/Guardian's Occupation:	
Mother's Name:			
Date of Birth	Place of Birth	Country of Birth	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
Blood Group:	Religion:	Nationality:	

NATIONAL IDENTIFICATION

<input type="checkbox"/> Regular Pakistani	<input type="checkbox"/> Overseas Pakistani	<input type="checkbox"/> Foreigner	
CNIC #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		
Date of Issue:	<input type="text"/> <input type="text"/> dd <input type="text"/> <input type="text"/> mm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yy		
Place of Issue:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Passport No.	<input type="text"/>		
Place of Issue	<input type="text"/>		
Date of Expiry	<input type="text"/>		

CORRESPONDENCE ADDRESS

<hr/> <hr/>		
City: _____	Province: _____	Tel #: _____
Cell #: _____	Emergency Contact #: _____	Email: _____

TEST CENTRE

Please indicate one of your preferred Admission Test Centre.

Hyderabad Karachi Sukkur Multan Islamabad

CAMPUSES

Please indicate one of your preferred campus for admission.

Hyderabad

Karachi

Islamabad

HYDERABAD CAMPUS

You have three choices. Please select the program of your choice by inserting 1, 2 and 3, in the box adjacent to the program, indicating your first, second and third choice, respectively.

Undergraduate

- | | |
|---|---|
| <input type="checkbox"/> MBBS | <input type="checkbox"/> BS (Information Technology) |
| <input type="checkbox"/> BDS | <input type="checkbox"/> BS (Software Engineering) |
| <input type="checkbox"/> DPT | <input type="checkbox"/> BS (Telecommunication) |
| <input type="checkbox"/> BS (Nursing) | <input type="checkbox"/> BS (Electronics) |
| <input type="checkbox"/> Diploma in Health Care Assistance (DHCA) | <input type="checkbox"/> Associate of Applied Science (SE, ES, TC) |
| <input type="checkbox"/> BE(Electrical) | <input type="checkbox"/> BBA |
| <input type="checkbox"/> BE(Civil) | <input type="checkbox"/> Associate of Applied Science (Business Administration) |
| <input type="checkbox"/> BS (Computer Science) | <input type="checkbox"/> Other _____ |

Postgraduate

- | | | |
|--|---|---|
| <input type="checkbox"/> MS (Master of Science) | <input type="checkbox"/> PhD | <input type="checkbox"/> M.Sc (Dental) |
| <input type="checkbox"/> MBA | <input type="checkbox"/> MD | <input type="checkbox"/> FCPS (Residency Program) |
| <input type="checkbox"/> Master of Public Health | <input type="checkbox"/> MS (Master of Surgery) | <input type="checkbox"/> MCPS (Residency Program) |
| <input type="checkbox"/> M. Phil | <input type="checkbox"/> Diploma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> M. Phil~PhD | <input type="checkbox"/> MDS | |

Field of Specialization: _____

Note: For fields of specialization, please refer to pages 150 & 151 of the prospectus.

KARACHI CAMPUS

You have three choices. Please select the program of your choice by inserting 1, 2 and 3, in the box adjacent to the program, indicating your first, second and third choice, respectively.

Undergraduate

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> MBBS | <input type="checkbox"/> BS (Vision Sciences) | <input type="checkbox"/> BS (One Year Additional Program in OT/TP) |
| <input type="checkbox"/> DPT | <input type="checkbox"/> BS (Nursing) | Other _____ |

Postgraduate

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> MS (Master of Science) | <input type="checkbox"/> MS (Master of Surgery) | <input type="checkbox"/> PPDPT | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> M. Phil | <input type="checkbox"/> MD | <input type="checkbox"/> FCPS (Residency Program) | <input type="checkbox"/> CCRP |
| <input type="checkbox"/> PhD | <input type="checkbox"/> PGD | <input type="checkbox"/> MCPS (Residency Program) | <input type="checkbox"/> MBA-RM |

Field of Specialization: _____

Note: For fields of specialization, please refer to page 68 of the prospectus.

ISLAMABAD CAMPUS

You have three choices. Please select the program of your choice by inserting 1, 2 and 3, in the box adjacent to the program, indicating your first, second and third choice, respectively.

Undergraduate

- | | | |
|---|--|---|
| <input type="checkbox"/> MBBS | <input type="checkbox"/> LNP | <input type="checkbox"/> BS (Computer Science) |
| <input type="checkbox"/> DPT | <input type="checkbox"/> BS (SLT) | <input type="checkbox"/> BS (Electronics) |
| <input type="checkbox"/> BS (Vision Sciences) | <input type="checkbox"/> BS (Audiology) | <input type="checkbox"/> BS (Information Technology) |
| <input type="checkbox"/> BS (Physiology) | <input type="checkbox"/> B.Sc (Medical Technology) | <input type="checkbox"/> B.Tech (Hons) _____ |
| <input type="checkbox"/> BS (Nursing) | <input type="checkbox"/> B.Sc (Medical Lab Technology) | <input type="checkbox"/> Associate of Applied Sciences (ES, SE, TC, BA) |
| <input type="checkbox"/> BS (Post RN BScN) | <input type="checkbox"/> BE (Electrical) | <input type="checkbox"/> Other _____ |

Postgraduate

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> M. Phil | <input type="checkbox"/> PGD | <input type="checkbox"/> Diploma | <input type="checkbox"/> FCPS (Residency) |
| <input type="checkbox"/> PhD | <input type="checkbox"/> PPDPT | <input type="checkbox"/> MS (Master of Surgery) | <input type="checkbox"/> MCPS (Residency) |
| <input type="checkbox"/> MS (Master of Science) | <input type="checkbox"/> M.Sc _____ | <input type="checkbox"/> MD | <input type="checkbox"/> Other _____ |

Field of Specialization: _____

Note: For fields of specialization, please refer to page 166 of the prospectus.

PROGRAM OF STUDY APPLIED FOR

RECORD OF PREVIOUS STUDIES

LAST INSTITUTE ATTENDED

Name of School / College / University Last Attended	City	Country	Date (Year)	
			From	To

SECONDARY EDUCATION (MATRICULATION)

Year of Completion:	Name of Board / University:		
Total Maximum Marks:	Total Marks Obtained:	% Total Marks Obtained:	

HIGHER SECONDARY EDUCATION (INTERMEDIATE)

Year of Completion:	Name of Board / University:		
Subjects	Marks obtained	Subjects	Marks obtained
Total Maximum Marks:	Total Marks Obtained:	% Total Marks Obtained:	

UNIVERSITY EDUCATION (UNDERGRADUATE)

Year of Completion:	Name of Institute / University:		
Name of Degree:			
Major Subject(s):			
CGPA/Division:		Marks Percentage:	

UNIVERSITY EDUCATION (POSTGRADUATE)

Year of Completion:	Name of Institute / University:		
Name of Degree:			
Major Subject(s):			
CGPA/Division:		Marks Percentage:	

DECLARATION

The statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decision of Isra University concerning the evaluation of my application and the final selection. I have read the prospectus and fully understand all the information provided therein; and agree to abide by all the instructions and directions, as well as matters pertaining to payment of fees including fine charges on late payment of fees, issued from time to time by the University.

Applicant's Signature

Date

I hereby testify that the statements made by my ward are correct to the best of my knowledge. I also affirm to ensure that all the commitments made by my ward are fulfilled.

Name of Parent Guardian

Signature

Date

CNIC #: _____ NTN #: _____ Contact #: _____

COMPLETING THE APPLICATION FORM: A CHECKLIST

Please make sure that you have enclosed the necessary documents, duly filled application form, and processing fee for entry to the Isra University Admission Test.

- APPLICATION FORM**
 - Application form complete in all respects
 - Declaration on page 3 signed by you and any of your parents / guardian

- PASSPORT SIZE PHOTOGRAPHS**
 - Six recent passport size photographs
 - Write your name on the back of each photograph

- CERTIFICATION AND OTHER RESULTS**
 - Attested photocopies of official pass certificates, marksheets or transcripts
 - Attested photocopies of academic distinctions and awards
 - Attested photocopies of certificates in support of work experience, co-curricular, extra-curricular and other activities, if any
 - In case of admission confirmation, the Admissions Office requires original documents (marksheets and certificates) issued by the Boards of Education / Universities, for verification and assignment of a permanent enrollment number
 - Attested photocopies of academic distinctions/honors/awards/any training/voluntary work/social skills that you may have acquired, if any

Note:

- **No documents will be returned or their copies supplied. Please keep copies of all the documents for your record.**
- **Correspondence will be done by courier service on the notified address. The University shall not be responsible for non-delivery of any correspondence due to the negligence of the courier service or unnotified change of address by the applicant.**

NEWS SOURCE

How did you learn about Isra University admissions?

- Newspaper Internet Friends/Relatives
 Electronic Media Other _____

APPLICATION PROCESSING FEE

If you have already purchased the admission kit along with the application form, the application processing fee is Rs. 2,000 (USD 60 for overseas students). However, if you have downloaded the application form, you are required to pay a total of Rs. 3,500 (USD 90 for overseas students) to cover the admission kit as well the application processing fee.

Payment can be made in cash, in person or by pay order / bank draft issued in the name of Isra University.

Please send your complete application form together with the supporting documents and the non-refundable application processing fee to the preferred campus for admission below:

Hyderabad Campus:

Admissions Office, Isra University, Hala Road, Hyderabad-Sindh, Pakistan.
Tel: (+92 22) 8330182, 2030181-4, Fax: (+92 22) 2030180 & 2030185
<http://www.isra.edu.pk> admissions@isra.edu.pk

Karachi Campus:

Admissions Office, Al Tibri Medical College & Hospital
Near Al-Ibrahim Eye Hospital, Old Thana, Gadap Town, Karachi, Pakistan.
Tel: (+92 21) 34561711-20 Fax: (+92 21) 34561816
<http://www.isra.edu.pk> info@altibri.edu.pk

Islamabad Campus:

Admissions Office, Al Nafees Medical College & Hospital
Lethrar Road, Frash Town, Phase - II, Islamabad, Pakistan.
Tel: (+92 51) 8439901-10 Fax: (+92 51) 8439900
<http://www.isra.edu.pk> alnafees@isra.edu.pk

Admissions Office, Isra Institute of Rehabilitation Sciences
Street 7/A, Block-5, Gulshan-e-Iqbal, Karachi
Tel: (+92 21) 34664002 Fax: (+92 21) 34664001
<http://www.isra.edu.pk> iirs.khi@isra.edu.pk

Admissions Office, School of Engineering & Applied Sciences
Plot No. 176, Sohni Road, I-10/3, Islamabad.
Tel: (+92 51) 8358360-61 Fax: (+92 51) 8358362
<http://www.isra.edu.pk> seas@isra.edu.pk