

ABASYN UNIVERSITY ISLAMABAD CAMPUS

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Form No				
	Form	Nο		

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	411				

Admission Semester: Year
Note: To be filled by the applicant himself/herself.
Applicant's Name: (As Per SSC)
Applicant's CNIC No
Applicant's Date of Birth Gender Male Female
Father's / Guardian's Name:
Father's / Guardian's CNIC No.
Postal Address (Permanent):(As per CNIC)
Postal Address (Current):(As per CNIC)
Applicant's Contact # E-mail:
Father's /Guardian's Contact #
In case of emergency, Contact # — Relationship:—

S.No.	Qualification	Board/University	Year	Obtained Marks/ CGPA/Total	Percent	Major Subjects
1	SSC/O-Levels					
2	FA/FSc/A-Levels					
3	BA/BSc/BS					
4	MA/MSc (16 year Education)					
5	MS/M-Phil					
6	Other (If any)					

Undertaking

- 1. All of the above information in this form is correct to the best of my knowledge. I will be fully responsible for any invalid information provided.
- 2. I fully understand and agree that any fee deposited by me will not be refundable or adjustable.

Date:	Signature of Applicant/Guardian
Bato:	eignature of Applicant Guardian

PROGRAM APPLIED FOR

	Undergradua	ate Programs
Doctor of Pharmacy (Pharm-D)	BE Civil Engineering	BS English (Language and Literature)
Doctor of Physical Therapy	BS Software enginee	ering BS Psychology
BS Radiology Technology	BS Computer Engine	eering BS Media and Communication Studio
BS Vision Sciences (Optometry)	BS Artificial Intellige	ence BS Accounting and Finance
BS Operation Theater Technology	BS Computer Science	e BS Digital Marketing
BS Human Nutrition & Dietetics	BS Data Science	BSc Civil Engineering Technology
BS Food Science & Technology	BS Cyber Security	BSc Electrical Engineering Technolog
BS Medical Lab Technology	Bachelors of Busines	ss Administration BSc Software Engineering Technolog
BS Nursing	ADP Business Admir	nistration
	Graduate	Programs
MS Project Management	MS Civil Engineering	g MS English Linguistics
MS Management Sciences	MS Electrical Engine	eering MS Biochemistry
MS Data Sciences	MS Computer Science	ces M.Phil. Microbiology
MBA (2 years)		
 Attested Mark If a candidate has certificate from admission offe 4 Passport size 	sheets of all previously comp as completed previous acade the Inter Board Committee (emic work from another education system, an equivalence Chairman (IBCC) is required within ONE month of the
	For Off	fice Use
Recommendation of A	Imission Committee	Admission Office
	_	
Scholarship Recommende	d:	Comments:
Comments:		

Signature: ______ Date: _____

Signature: _____ Date: ____