



Mailing Address

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Permanent Address

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**Student's Academic Record: (List the most recent first)**

S.#	Degree /Diploma /Certificate	Name of Board	Year	Roll Number	Marks

**Work Experience (if applicable) : (List the most recent first)**

Organization Name	Position	From	To

I declare that the information supplied by me is correct. I agree to abide by the rules and regulations of the Shifa Tameer-e- Millat University . I understand that any falsification of information on my part may result in my ineligibility for admission.

**Applicant's Signature**

**CHECK LIST (To be verified by SCMT Admission Representative)**

Make sure that you have deposited the attested photocopies of following documents where applicable with the application form.

1. National I. D Card/B.Form/Passport.
2. Matriculation Certificate or Equivalent Certificate
3. F. Sc. or equivalent Certificate
4. Domicile

  
  
  

**FOR OFFICE USE ONLY:**

It is certified that Particulars given above have been verified from the original documents of the student.

Name: SCMT Admission Representative

Signature

**Instructions:**

1. Please attach a pay order of Rs. 1500/- in the name of "**Shifa Tameer-e-Millat University, Islamabad**" with the form from any bank/branch.
2. Submit the filled form with required documents (by hand or mail) at the following office:  
**SCMT Admissions Office**  
**Gate 8 (Emergency Gate)**  
**C-0 Corridor, Near Peadiatric OPD**  
**Shifa Internation Hospital, H-8/4**  
**Contact: 051-8463983**