



Baqai Medical University Baqai Institute of Health Management Sciences



Form No.

2 Passport Size
Photographs

ADMISSION FORM

Proposed Year of Entry:	
Programme Applied for:	<input type="checkbox"/> BBA (Honours) <input type="checkbox"/> MBA <input type="checkbox"/> MBA (Executive) Weekends

Section 1: Personal Details

1. Name 2. Sex

3. Father's Name

4. Date of Birth 5. Nationality

6. Address

Telephone Fax

E-mail

7. Permanent address (if available)

Telephone Fax

E-mail

Section II: Academic Record

8. Please submit copies of certified transcript / degrees. List academic honours (If any)

Degree	Institutions attended	Date (From / To)	Major Subject / GPA
SSC			
HSC			
Graduation			
Other			

9. Academic Honours

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Section III: Employment Record

10. Employment Details

Date of employment: (Month & Year)	Organization	Job Title
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		

Section IV: Declaration (all candidates)

I confirm that the information I have given in this application is to the best of my knowledge, complete and accurate.

Signature

Date

Section V: Checklist

Completed Application Form

Photographs (6 Nos.)

NIC Copy (2 Nos.)

Academic Transcripts

Thesis Topic

Please mail the application to:

The Director
Admission Cell
Baqai Medical University
Super Highway, Near Toll Plaza,
Karachi.
Tel.: 021-34410293-8

The Director
Baqai Institute of Health Management Sciences
Super Highway, Near Toll Plaza,
Karachi.
Tel. Direct: 021-34410432, Exchange: 021-34410293-8 Ext: 232
Director: 0333-3295792, 0331-2009256

Section VI: Office Use only

Applications Received:

Interview:

Approval / Rejection / Pending:

Fee Status:

Remarks:

Director BIMS:

Director Admission Cell:

Vice Chancellor:

Chancellor: