

## FEE STRUCTURE

Admission fees	PKR 50,000/-
Tuition fees	PKR 110,000/-
Examination fees (One Time)	PKR 5,000/-
Security Deposit (Refundable)	PKR 15,000/-
Student Activity	PKR 5,000/-
Library fees (one Time)	PKR 5,000/-
<b>Grand Total</b>	<b>PKR 190,000/-</b>

Note: Fee and other charges are subject to change without prior notice

- Government tax on tuition fee will be applied as per FBR rules
- Students defaulting on payments within due date may be suspended and/or barred from attending classes and/or progression to the next year of study until clearance of dues in accordance with the university policies and procedures
- Personal cheques are not acceptable
- Please review the "modes of payment" section for making payments



# ALTAMASH COLLEGE OF PHYSICAL THERAPY

ST-9/A, Block 1, Clifton,  
Karachi, Pakistan.

Phone# +92 331 1360316

Form No.

Passport Size  
Photograph

**Note:**

- Kindly fill the form in Block Letters.
- Use Black/blue Pen only.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Date of Birth: 

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 Gender Male  Female

C.NIC No/B.Form No: 

							-							-		
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Nationality: \_\_\_\_\_ Province: \_\_\_\_\_ City: \_\_\_\_\_

Domicile: \_\_\_\_\_ Religion: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. (Res): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Academics Qualification:**

Level of Study	Subjects	Year	Marks/Grade	Name of the Institution
Matriculation/O Levels/Equivalent				
Intermediate/A Level/Equivalent				

# PARTICULARS OF PARENTS/GUARDIAN

Name: \_\_\_\_\_ Gender Male  Female

Marital Status \_\_\_\_\_ Relationship with Candidate \_\_\_\_\_

C.N.I.C.NO. 

					-						-	
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Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. (Res) \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address: \_\_\_\_\_

Parents/Guardian's Profession \_\_\_\_\_ Organization \_\_\_\_\_

Highest Education Level \_\_\_\_\_

## **DECLARATION:**

I solemnly declare that I have read the rules and I will abide by them and that if I violate the disciplinary rules of the university, the university reserves the right to inform my parent/guardian and ask me to leave the university.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Signature of Parent/Guardian

## INSTRUCTIONS

- Fill all columns of Admission Form in BLOCK LETTERS with BLUE/BLACK PEN.
- Be sure to tick appropriate box in Admission Form.
- Photocopies of all the documents must be attested by a Government officer of Grade 17 and above.
- Incomplete form will be rejected.
- No form will be accepted in any case after the last date of submission of admission form.
- Specimen of UNDERTAKING will be given when the candidate is declared eligible for admission.
- DO NOT submit original documents
- Admission Form and required documents submitted at the reception of Altamash College of Physical Therapy and Rehabilitation
- All queries should be sent on given email address/Telephone No.

### STUDENT'S COPY

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Father Name: \_\_\_\_\_  
Contact No: \_\_\_\_\_

Form No.

For Official Use

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

OFFICIAL  
SEAL

# DOCUMENTS CHECKLIST

Matric/O-Levels Marks sheet Attached

YES  NO

Matric/O-Levels Certificate Attached

YES  NO

Intermediate/A-Levels Marks Sheet Attached

YES  NO

Candidate's Domicile Attached

YES  NO

Candidate's PRC Attached

YES  NO

4x Passport Size Photographs Attached

YES  NO

Parents/Guardian's CNIC Attached

YES  NO

Candidate's CNIC/B form Attached

YES  NO

DATE

CANDIDATE's SIGNATURE

PARENT's/GUARDIAN's SIGNATURE

(Kindly don't write below this)


**For Office Use Only**

Remarks: \_\_\_\_\_


\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Principal


**HBL**

	S. No.
<b>ALTAMASH COLLEGE OF PHYSICAL THERAPY</b> Habib Bank Limited A/C # 0042-79920266-03 Fee	

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**FIRST YEAR**                      **DPT -2023-2024****FIRST YEAR**                      **DPT -2023-2024****FIRST YEAR**                      **DPT -2023-2024**

<b>Application ID:</b>
<b>Name:</b>
<b>Father's Name:</b>
<b>Guardians CNIC No.</b>

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**FIRST YEAR**                      **DPT -2023-2024****FIRST YEAR**                      **DPT -2023-2024****FIRST YEAR**                      **DPT -2023-2024**

<b>Admission Fee:</b>
<b>Tuition Fee:</b>
<b>JSMU Share 5.5%</b>
<b>Other:</b> _____
<b>Total Fee:</b>
<b>In Words</b>
<b>Mode of Payment: Pay Order / Cash</b>
<b>Instrument No.</b> _____
<b>Bank Name:</b> _____
<b>Sign of Applicant:</b> _____
<b>Receiving Branch Stamp &amp; Signature</b>

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<b>Bank Name:</b> _____
<b>Sign of Applicant:</b> _____
<b>Receiving Branch Stamp &amp; Signature</b>

<b>Bank Copy</b>
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<b>Altamash College of Physical Therapy Admission Office Copy</b>
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<b>Student Copy</b>
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AIDM NTN NO. 4226844-3

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Bank Copy

Altamash College of Physical Therapy

Pvt. Ltd.

Clifton, Karachi.

ACPT  
HBL

Branch Name: HBL Tower  
Account # 2525-70003334-03

Application No. \_\_\_\_\_

Full Name \_\_\_\_\_

Father Name \_\_\_\_\_

CNIC \_\_\_\_\_

Detail of Fee	Amount
Prospectus Fee	2,000/-
<b>Total</b>	<b>2,000/-</b>

Applicant  
Signature

Receiving Branch  
Stamp and Signature

Institute A/C Copy

Altamash College of Physical Therapy

Pvt. Ltd.

Clifton, Karachi.

ACPT  
HBL

Branch Name: HBL Tower  
Account # 2525-70003334-03

Application No. \_\_\_\_\_

Full Name \_\_\_\_\_

Father Name \_\_\_\_\_

CNIC \_\_\_\_\_

Detail of Fee	Amount
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<b>Total</b>	<b>2,000/-</b>

Applicant  
Signature

Receiving Branch  
Stamp and Signature

Application form Copy

Altamash College of Physical Therapy

Pvt. Ltd.

Clifton, Karachi.

ACPT  
HBL

Branch Name: HBL Tower  
Account # 2525-70003334-03

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Applicant  
Signature

Receiving Branch  
Stamp and Signature

Applicant Copy

Altamash College of Physical Therapy

Pvt. Ltd.

Clifton, Karachi.

ACPT  
HBL

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Account # 2525-70003334-03

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Applicant  
Signature

Receiving Branch  
Stamp and Signature