



# Liaquat National Hospital

Institute for Undergraduate and Postgraduate Medical Studies and Health Sciences

Serial No.:

## APPLICATION FORM

BS Audiology & Speech-Language Pathology (4-Years Program)

PHOTOGRAPH



### Personal Information

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

Father's Name: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Present Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

Domicile: \_\_\_\_\_ C.N.I.C. / B.Form No. \_\_\_\_\_

Father's C.N.I.C. \_\_\_\_\_

### Academic Qualification

Qualification	Year of Passing	Grade / Division	Subjects	Board / University / Institution
Higher Sec./A Level				
Matric / O Level				

### Extra Curricular

1. Sports Position Held: \_\_\_\_\_ Duration with dates: \_\_\_\_\_

2. Responsibility in Union or Committee Position Held: \_\_\_\_\_ Duration with dates: \_\_\_\_\_

3. Political Affiliation: \_\_\_\_\_

4. Any other interest: \_\_\_\_\_

Any relative working in this hospital? YES / NO  
 (if Yes: Give his / her / their names with designation & relationship)

1. \_\_\_\_\_

2. \_\_\_\_\_

## References

( Give names of 2 persons known to you, other than relatives. )

1. Name: \_\_\_\_\_ Occupation / Position \_\_\_\_\_  
Address (Res.): \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address (Off.): \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_  
Known since (which capacity): \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation / Position \_\_\_\_\_  
Address (Res.): \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address (Off.): \_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_  
Known since (which capacity): \_\_\_\_\_

I solemnly declare that the information given in this application is true to the best of my knowledge and I understand that any false statement will render me liable for termination from my admission.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Candidates

### IMPORTANT INSTRUCTIONS AND DOCUMENTS REQUIRED TO BE ATTACHED

1. Application for admission must be on the prescribed application form, along with the following supporting documents duly attested by a Gazetted Officer of BPS-18 or above.
2. 2 photocopies of Matriculation Certificate / O-level Equivalence Certificate issued by IBBC.
3. 2 photocopies of Matriculation Marks sheet / O-level.
4. 2 photocopies of Intermediate Science (HSSC) Pre-Medical Marks sheet or A-level issued by the IBBC.
5. 4 recent photographs.
6. 2 photocopies of candidate's National Identity Card or 'B' form
7. Domicile / Permanent Resident Certificate.
8. Any other document in original or photostat can be demanded at any time as per requirement of the case of the individual.
9. Photocopies of documents once submitted will not be returned.
10. Photocopies of References' CNIC.

#### APPLICATION PROCESSING FEE (NON – REFUNDABLE):

Application processing fee of Rs. 2000/= can be submitted via cash in person or by pay order / bank draft from any Bank issued in the name of "Liaquat National Hospital". (NTN # 0710962-8).

Please send your completed application form together with the supporting documents and the non-refundable application processing fee to the address given below:

Administration Office,  
College of Speech Therapy, Department of Physiotherapy Services  
Liaquat National Hospital  
National Stadium Road, Karachi - 74800  
Phone: 021-34412443, 021-34412523

### For Office Use Only

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Serial No.:



Duplicate

**ADMIT CARD**

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

Father's Name: \_\_\_\_\_

Applied for: BS Audiology & Speech-Language Pathology (4-Years Program)



\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Authorized Signature

*Note: Bring the admit card at the time of the written test or interview, otherwise you will not be entertained.*

Serial No.:



Original

**ADMIT CARD**

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

Father's Name: \_\_\_\_\_

Applied for: BS Audiology & Speech-Language Pathology (4-Years Program)



\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Authorized Signature

*Note: Bring the admit card at the time of the written test or interview, otherwise you will not be entertained.*

*For further information, contact at*  
(+92 21) 3441 2523, 3441 2443, 3441 2512  
E-mail: [lnsop@lnh.edu.pk](mailto:lnsop@lnh.edu.pk)

**Liaquat National Hospital**

National Stadium Road, Karachi-74800, Pakistan. Tel: (+92 21) 3493 9612-18, Fax : (+92 21) 3493 8386

*For further information, contact at*  
(+92 21) 3441 2523, 3441 2443, 3441 2512  
E-mail: [lnsop@lnh.edu.pk](mailto:lnsop@lnh.edu.pk)

**Liaquat National Hospital**

National Stadium Road, Karachi-74800, Pakistan. Tel: (+92 21) 3493 9612-18, Fax : (+92 21) 3493 8386