



Medical History

1. Name _____

(Full Name in Block Letters)

2. Mailing address _____

_____ 3. Tel _____

4. National Identity Card No. _____

5. Gender M F 6. Blood Group _____

Please ensure that your full name is written on the back of the photograph for identification should any photograph become accidentally detached.

Medical Information

7. Do you have any pre-existing ailments? _____
If yes, please specify: _____

8. Are you currently taking any medication? _____
If yes, please specify: _____

9. Are you allergic to any medication? _____
If yes, please specify: _____

10. Do you have any allergies? _____
If yes, please specify: _____

11. Please provide information about your family doctor: Name: _____

Contact Information _____

I hereby declare that the facts stated above are true and complete to my knowledge, and I have not withheld any relevant information.

Date

Applicant's Signature

Parent / Guardian's Signature

Please return this form along with the application form and all supporting documents to:
Admission Office: 10/E, Block-6, P.E.C.H.S., Karachi-75400, Pakistan