



ADMISSION FORM

1. Name _____
(Full Name in Block Letters. This name will appear on academic transcripts and degree)

2. Mailing address _____

_____ 3. Tel _____

4. Permanent address _____

- Attach a photograph taken within the past year and submit two extra copies with the application.
- Please ensure that your full name is written on the back of each photograph for identification should any photograph become accidentally detached.

5. E-mail _____ 6. Blood group _____

7. National Identity Card No.

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8. Gender M F 9. Marital Status Single Married

10. Place of Birth _____ 11. Date of Birth

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(Town or City) (day) (month) (year)

12. Country of Citizenship _____

13. Father's Name _____ Occupation _____

14. Mother's Name _____ Occupation _____

15. Person to be notified in case of emergency _____
(Name)

_____ (Relationship) _____ (Telephone)

Address _____

Educational Background

16. Name of institutions attended in chronological order, including any you may be attending at present. Attach photocopies of certificates and mark sheets of SSC/ 'O' Level and Intermediate/ 'A' Level.

Name of Institutions	Location	Year Attended		Grade / Division	Name of Certificate, Diploma etc.
		From	To		

17. Work experience, if any _____

18. Extracurricular Activities

Activity	Position Held or Honours Won (if any)

19. Would you require on-campus accommodation? *To avoid any difficulty later, this must be filled now as there is a limited number of hostel rooms.

Yes

No

(Note* Preference will be given to outstation students)

20. How did you hear about TIP?

21. Have you in the past applied for admission at TIP?

Yes

No

If yes, in which year _____

22. Indicate which programme you wish to study for at TIP (please tick one)

BSc (Hons)
Textile Science

BBA (Hons)
Textile Management & Marketing

BBA (Hons)
Fashion Design Management

BSc (Hons)
Textile Design Technology

BBA (Hons)
Apparel Manufacturing & Merchandizing

Bachelor of Business Administration

23. Medical Information

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

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

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

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

e. 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

Statement of Guarantor

Name _____ Occupation _____

Address _____

Relationship to Applicant _____ Telephone _____

I undertake to pay all the expenses of _____ for his/her studies at The Textile Institute of Pakistan. TIP reserves the right to review its tuition and other fees annually to cover inflation and other costs.

(Father/Guardian/Guarantor's Signature)

(Date)

Do not write below this line.

Batch: _____

Student ID #: _____

Discipline: _____

Section: _____

Submit this form to

Textile Institute of Pakistan

City Campus

A-142, S.M.C.H.S., Karachi-75400
Phone: 92 21 34549734, 34549870
Fax: 92 21 34533525