



ASTRAMEDIC

INSTITUTE OF HEALTH ADMINISTRATION

Accredited with PSDA, BTTE, PTEC and CPD UK

Contact: +92-344-1347681

Form No. _____

Registration No. _____

ADMISSION FORM

(To be filled by the applicant)

Passport
size
photograph

Applicant's Personal details:

Name: (in capital letters) _____

Date of birth: (DD/MM/YYYY) _____ Gender (male/female): _____

Occupation: _____ Mobile no: _____

CNIC no: _____ Email address: _____

Nationality: _____ Domicile: _____

Marital status: _____ Religion: _____

Correspondence Address:

Permanent Address:

Parent's/Guardian's Information:

Name: (in capital letters) _____

Occupation: _____ Mobile no: _____

CNIC no: _____ Email address: _____

Correspondence Address:

Permanent Address:

Educational information:

Name of the exam passed	Year of passing	Name of the board/university	Name of the school/institute	Max. marks	Obtained marks	%age	Division

Course applied: (Select ✓)

1	1 year diploma in Physical Therapy (Rehabilitation Therapy)	
2	1 year diploma in healthcare business management	
3	1 year diploma in Pain Management	
4	3 months in healthcare field marketing course	
5	3 months healthcare digital marketing course	
6	2 months healthcare content writing course	
7	2 months healthcare graphic designing course	
8	1 month healthcare project management course	
9	1 Month Skilled Caregiver Course	

List of documents to be attached with admission form:

1. ID card/B-form photocopy
2. FSC or Equivalent certificate photocopy
3. SSC or Equivalent certificate photocopy
4. Front pose high resolution picture

Applicant's signature: _____

FOR ACCOUNT SECTION

Total Fee	Fee paid at the time of admission	Balance fee and due date

Authorized signature: _____

Note: Please print out and fill this form carefully. Submit scanned copies of Form and fee slip at

info@astramedicsolutions.com

Office No.11, pak land, City Centre, markaz,

I-8 Markaz Islamabad,

Contact no: +92-344-1347681

Website: astramedicsolutions.com/institute/