



(Affiliated with University of Punjab)
USWA INSTITUTE OF HIGHER EDUCATION
[UIHE]

JAPAN ROAD, SIHALA, ISLAMABAD, PAKISTAN

www. **uihe**.edu.pk Email: info@uihe.edu.pk Cell: 0346 8560120



ADMISSION FORM

Programs	Preference		Photograph (Paste Here)
	1	2	
	1	2	
	1	2	

BS Computer Science 1 2

BBA (Hons) 4 years 1 2

BS English (Hons.) 1 2

Candidate Name (in English as on SSC) (Block Letters)

Name in Urdu

Date of Birth: (DD/MM/YYYY) CNIC/B Form#

Gender: Male Female Religion Nationality Domicile Blood Group Cell No. _____
E-mail: _____

Postal/Present Address

House No..... Street..... SectorVillage/Town/Ward/City

DistrictProvince /Region.....

Permanent Address (If different from Postal/Present address)

House No..... Street..... SectorVillage/Town/Ward/City

DistrictProvince /Region.....

Father's Name Profession: _____

Cell No. _____ Father's CNIC #

E-mail: _____

Guardian's Name (If other than Father) Profession: _____

Cell No. _____ Guardian's CNIC #

E-mail: _____

Contact in Case of Emergency

Name

Address

Cell: _____ Home: _____ Work: _____ E-mail: _____

Educational Record

Examination	Year/ Roll No.	Total Marks	Obtained Marks	Institution/Board	Major subjects/Group
SSC					
HSSC					

Do you suffer or have suffered in the past from any one of the following medical conditions?

Physical disabilities	Yes	No
Severe allergies	Yes	No
Visual/Hearing impairment	Yes	No
Epilepsy, seizures, depression etc.	Yes	No
Any other health problems?	Yes	No (Please specify)

UNDERTAKING

I hereby solemnly declare that:

1. The particulars given in the form are correct, and if found anything on contrary my admission shall be liable to be cancelled.
2. I have read and understood the Institution's prospectus and other rules/regulations carefully, and if admitted, shall be abide by these rules & regulations.
3. In case of any violation of any policy/rules & regulation, I shall be liable to any penalty, including fine, rustication/expulsion.
4. I am applying for admission with the express consent of my parents/guardian.

Signature of Father/Guardian

Signature of Applicant

Recommendation: Recommended
 Not Recommended

Signature

Member-1

Member-2

Decision: Admission granted
Admission granted

Director/Principal

Account Section Receipt No. /Challan No. _____ Control No. _____ Amount _____

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Instructions:

1. Each candidate shall be required to submit one application form for each program/course unless otherwise required by the admission notification.
2. Each candidate shall be required to enclose with application attested copies of the following;

Documents check list

1	Copy of DMC/Certificate of SSC or equivalent examinations	
2	Copy of DMC/Certificate of HSSC or equivalent examinations	
3	Copy of CNIC of candidate or Form B/Family Registration Certificate	
4	Original Bank challan	