



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

JAPAN ROAD, SIHALA, ISLAMABAD, PAKISTAN

www.uihe.edu.pk Email: mis@uihe.edu.pk Cell: 0346 8560120/0512722904



ADMISSION FORM

Programs	Preference		Photograph (Paste Here)
BS Computer Science	1	2	
BBA Hons. (4 years)	1	2	

Candidate Name (in English as on SSC)		(Block Letters)																						
Name in Urdu																								
Date of Birth: (DD/MM/YYYY)		CNIC/B Form#																						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> 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 orequivalent examinations	
2	Copy of DMC/Certificate of HSSC orequivalent examinations	
3	Copy of CNIC of candidate or Form B/Family Registration Certificate	
4	Original Bank challan	