



AFFIDAVIT

2021-2022

(To be Submitted with the admission form amount of Rs: 500/-)

I, _____ Son/Daughter of _____ who is enrolled in _____ program at ACE institute of Medical & Emerging Sciences in possession of my full senses and free will, do hereby solemnly accept the following terms and conditions.

1. All the information which is given by candidate in the admission form is correct.
2. In case of incorrect information given by the candidate or certificate tempering, he/she will be responsible for the consequence by himself/herself and management have the right to take any action (cancellation of admission) at any time.
3. Admission fee is non-refundable.
4. After the commencement of classes, tuition fee will be non-refundable.
5. Involvement in any political activity, misbehavior & illegal act will lead to cancelation of your registration.
6. Attendance will be strictly observed throughout academic session, 75% attendance is mandatory for the students to appear in exams.
7. It is mandatory to follow institute's policy, in case of negligence, institute will take strict action.
8. Solemnly affirm that I am not addicted to any kind of narcotics.

Name of the Candidate: _____

CNIC: _____ Land Line: _____ Cell #: _____

Signature:

Thumb Impression:

Father/ Guardian Name: _____

CNIC Number _____ Cell #: _____

Signature:

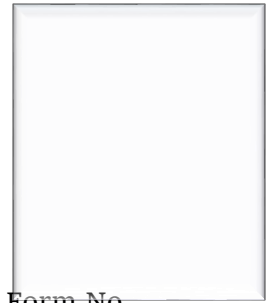
Thumb Impression:

Received by: _____



ADMISSION FORM

2021-2022



Form No. _____

INSTRUCTIONS FOR APPLICATION FORM

1. Fill in block letters using Blue or Black pen.
2. Fill up your form carefully as incomplete form will not be entertained.
3. If you are applying for more than one program, separate form is mandatory to be filled for each.

Intended Program (Please tick one option)

- | | | | |
|--|--------------------------|---|--------------------------|
| • Doctor of Physical therapy (DPT) | <input type="checkbox"/> | • BS Medical lab technology (MLT) | <input type="checkbox"/> |
| • BS Human Nutrition & Dietetics (HND) | <input type="checkbox"/> | • BS Radiography & imaging Technology (RIT) | <input type="checkbox"/> |
| • BS Biochemistry (BIOCHEM) | <input type="checkbox"/> | • BS Computer Science (BSCS) | <input type="checkbox"/> |

Section 1. APPLICANT'S PERSONAL DETAIL

Name: _____

Father's Name: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Gender: M F

B.Form/CNIC#: _____

Permanent Address: _____

Postal Address: _____

Telephone#: _____ Mobile#: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Telephone#: _____ Mobile#: _____

Section 2: EDUCATIONAL BACKGROUND IN CHRONOLOGICAL ORDER

Qualification	Name of Institute	Board/ University	Year	Marks Obt./ Total Marks	Grade/ Division	Major

Section 4: PARENTS / GUARDIAN DATA

Father/guardian Name: _____ CNIC No: _____
Cell#: _____ Profession: _____
Address: _____
Office Telephone #: _____ E-mail: _____
Fax No: _____ Total Monthly Income: _____

Section 4: How you get to know about ACE

Website: Newspaper: Social Media: Reference: Other

Section 5: PERSONAL STATEMENT

Why are you choosing this program? Your answer should be brief (150 words max).

Check Box:

I.	Complete application along with application fee receipt.	
II.	4 Passport Size Pictures.	
III.	Domicile (2 copies)	
IV.	B-Form / CNIC (2 copies)	
V.	F.Sc/A Level or equivalent result card (2 copies)	
VI.	Matric result card (2 copies)	
VII.	Equivalent certificate from inter Board committee of chairman (If Applicable)	
VIII.	Guardian /father CNIC copy	
IX.	NOC (If Applicable)	

Note:

- Applicants should be aware that in case of incorrect/forged/fraudulent documents or information in connection with admission at ACE institute is criminal offence and institute reserves the right to initiate appropriate action.
- All applicants who have applied for equivalence and have not received it before the application submission he/she should submit as soon as they received it. In case of non-submission the admission will not be processed further.