



## Academic Record

Examination	Board	Roll No.	Passing Year	Total Marks	Marks Obtained	Percentage
Matriculation OR Equivalent						
Intermediate OR Equivalent						
Other						

\* Please put the marks according to Equivalence Certificate in case of O-level / A level or 10th / 12th Grade etc.

### Academic Distinctions

(Attach Certificate)

1	
2	
3	

### Co-Curricular Activities

(Attach Certificate)

1	
2	

**Hafiz-e-Quran** (in case of yes, attach valid certificate) Yes / No

## Declarations

- ◆ I declare that I am not a member of any political party or religiously motivated sectarian group and I shall not indulge in any kind of political or sectarian activity as long as I remain a student of **PSRD College of Rehabilitation Sciences**. I further undertake that I shall not challenge the finding/decision of Head of the Institution regarding my Admission/Rustication/Expulsion from the College or cancellation of my admission at any stage whatsoever in any Court of Law, Tribunal, Authority of or Forum other than the Supreme Court of Pakistan.
- ◆ I agree to conform to the discipline of the selection process and to accept the decision of **PSRD College of Rehabilitation Sciences** concerning the evaluation of my application and the final selection.
- ◆ I have read the prospectus and fully understand all the information provided therein; and agree to abide by all the instructions and directions, as well as matters pertaining to payment of fees including fine charges on late payment of fees, issued from time to time by the College.
- ◆ I further undertake that I shall not claim hostel accommodation as a matter of right. I hereby testify that the statements made by my ward are correct to the best of my knowledge. I also affirm to ensure that all the commitments made by my ward are fulfilled.
- ◆ If any of the information given in this form proves untrue, the College may cancel my admission at any stage and may take punitive action against me under the rules.

**Signature of Applicant's**

**Date:**

**Signature of Father / Guardian**

**Date:**

For Office Use Only

**Admission Granted : Yes  No**

**Principal  
PSRD College of Rehabilitation Sciences**