AK INSTITUTE
OF SAFETY & HEALTH

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of Safety & Health

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0318 8931212

ADMISSION FORM

Date: _____

Student Name:	
Father's Name:	
Date of Birth:	**Reg No.**
Education:	**Nationality:**
Address:	
Contact No:	
Admission in Course:	
Timing:	**Campus:**
E-mail ID:	

PHOTO

Signature:

_____

FOR OFFICE USE ONLY

Fees/ Date		**Total Fees:**
Fees/ Date		**Amount Received:**
Fees/ Date		**Date of Amount Received:**
Fees/ Date		
Balance if Any:		
CNIC/Passport Front		**CNIC/Passport Back**
Ref: (if any)	**Receipt #**	

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