



**Bashir Para-Medical Institute (BPMI) Islamabad**  
A Project of  
**Bashir Institute of Health Sciences (BIHS) Islamabad**



**Transport Form**

(Fill in capital letters)

Date of Joining

Attach a  
passport size  
photograph

Name: \_\_\_\_\_

Father's name: \_\_\_\_\_

N.I.C No. \_\_\_\_\_ Gender: M \_\_\_\_\_ F/M \_\_\_\_\_

Permanent Address: \_\_\_\_\_

District: \_\_\_\_\_ country: \_\_\_\_\_

Contact Rest . \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents /Guardian Cell No: \_\_\_\_\_ Contact Rest. \_\_\_\_\_

Department: \_\_\_\_\_ Semester/year: \_\_\_\_\_

Pick from: \_\_\_\_\_

**Note:**

Rules mention in prospectus will be followed for pick drop facility. All Terms and Condition will apply according to BMI Rules and Regulation.

I hereby accept all the term and condition above mentioned and join it.

\_\_\_\_\_  
Parents/Guardian signature

\_\_\_\_\_  
Applicant Signature

**(For Office Use Only)**

Ref No. \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Transport in charge

\_\_\_\_\_  
Date