



Bashir Para-Medical Institute (BPMI) Islamabad

A Project of

Bashir Institute of Health Sciences (BIHS) Islamabad



Hostel Form (Fill in capital letter)

Attach a
picture

Date of Joining

Name: _____

Father's Name: _____

N.I.C No: _____ Gender: M _____ F/M _____

Permanent Address: _____

Name of visitors (for female students):

(1) Name: _____ Cell no. _____

N.I.C no. _____ Sign _____

(2) Name: _____ Cell no. _____

N.I.C no. _____ Sign _____

(3) Name: _____ Cell no. _____

N.I.C no. _____ Sign _____

Note:

1. Rules mention in prospectus will be followed during accommodation in hostel.
2. Any persons other than mentions in this form will not be allowed to meet with student.
3. I hereby accept all the term and condition above mentioned and join it.

Parents/ Guardian Sign

Applicant Sign

(For office use only)

Ref no. _____

Room allotted: _____

Hostel name: _____

Remarks: _____

Date

warden

Simly Dam Road, Near Adil CNG, P/O Sari Chowk Bhara Kahu Islamabad

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