**Bashir Institute of Health Sciences, Islamabad**

**Department of Physical Therapy**

**Foreign Documentation Requirements-HCPC/PBNZ/ CORU/Any Other-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Applicant Name in Degree or Transcript (CAPITAL LETTERS)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fathers Name (CAPITAL LETTERS)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Degree Name & Session:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Active Contact No & Email Address:**  **Email:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration No:** | | | | | | | | | | | | | | | | | | | | | | | | |

**Submitted by Student Documents Checklist (Attach and Mark** ✔)**:**

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| --- | --- |
| **Copy of Transcript. (Attested)** |  |
| **Copy of Degree (Attested)** |  |
| **Copy of IELTS RESULT (If Any)** |  |
| **Copy of CNIC/Passport** |  |
| **Research Title Page (Attested From Supervisor)** |  |

**Required Documents Check List:**

|  |  |
| --- | --- |
| 1. **Clinical Hours Certificate** |  |
| 1. **Curriculum Pages signature & Stamp (1st & Last)** |  |
| 1. **Course Information Form (Soft Copy Only)** |  |
| 1. **Any Other (Please Mention)** |  |

**DPT Research Title (CAPITAL LETTERS)**

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**Declaration**

**I \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ S/o \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledged that all information provided above or attached is true. Information**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Documents Prepared by Documents Verified by**

**Name & Signature Name & Signature**

**20 working Days are mandatory for Documentation & Verifications**