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

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

|  |  |
| --- | --- |
| **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)**
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**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**