PLEASE SUBMIT THIS FORM PHYSICALLY ALONG WITH FOLLOWING REQUIRED DOCUMENTS

MEHER GROUP OF INSTITUTIONS-MGI

MEHER

INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES (MINAHS) MIRPURKHAS

MEHER

MINAHS

REGISTRATION FORM FOR SESSION 2026-27

APPLIED FOR

☐ **DPT** DOCTOR OF PHYSICAL THERAPY
05 Years Degree Program

☐ **BSN** BACHELOR OF SCIENCE IN NURSING (GENERIC)
04 Years Degree Program

☐ **CMW** COMMUNITY MID-WIFE
02 Years Diploma Program

STUDENT'S DATA

NAME OF APPLICANT:_____ FATHER'S NAME:_____

RELIGION : _____ SURNAME: _____ NATIONALITY : _____ DOMICILE:_____

TEL. : _____ CELL # : _____ EMAIL: _____

MAILING ADDRESS :_____

PERMANENT ADDRESS: _____

DATE OF BIRTH: (DD/MM/YY) AGE : _____ C.N.I.C/ B.FORM : _____

FATHER/GUARDIAN'S OCCUPATION :_____ CELL/PHONE :_____

	COLLEGE INSTITUTE	BOARD / UNIVERSITY	GRADE MARKS	YEAR OF PASSING	SEAT NO.
SSC MATRICULATION MARKS					
HSSC INTERMEDIATE MARKS					

DECLARATION

I DECLARE THAT ABOVE MENTION INFORMATION IS CORRECT AND COMPLETE IN ALL REGARDS TO THE BEST OF MY KNOWLEDGE. IN CASE OF ANY MISINFORMATION MY ADMISSION SHOULD BE CANCELLED.

DATE OF SUBMISSION

APPLICANT'S SIGNATURE