



# BIMS

British Institute Of Medical Services

www.bimedicalservices.com

## Student Registration Form



Attach recent photographs here.

**FORM WILL BE FILLED IN CAPITAL LETTERS ONLY**

Attach Copy of Valid CNIC

### PERSONAL INFORMATION

Full Name

Date of Birth  Gender :

Address

City  State/Province

Zip/Postal Code  Country

Phone Number  Email Address

### EDUCATIONAL BACKGROUND

Degree / Course	University / Institute	Year of Graduate	Grade	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SELECT YOUR COURSE

Course Name	Duration	Category	Choose
Lady Health Visitor	2 Years	2 Years	<input type="checkbox"/>
Basic Ultrasound	3 months	Basic	<input type="checkbox"/>

I affirm that my answers are truthful and thorough, recognizing that supplying false information could result in termination if I am hired.

Date :  Signature : \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by :  Date :

Amount Received :  REG # :

Receipt Number :  Signature : \_\_\_\_\_