



# FATIMIYAH HIGHER EDUCATION SYSTEM

(Affiliated with University of Karachi)



021-32233275 (Ext 371)



@ [admissions@fhfes.fen.edu.pk](mailto:admissions@fhfes.fen.edu.pk)

Affix passport size  
photograph with blue  
background

## ADMISSION FORM (Bachelors Programmes)

### FOR OFFICE USE ONLY

FORM NO.: \_\_\_\_\_

REF. NO.: \_\_\_\_\_

GR.NO.: \_\_\_\_\_

### PROGRAM

Tick (✓) whichever is applicable

BS PSYCHOLOGY	EDUCATION 2.5 YEARS	EDUCATION 4 YEARS

<b>NAME (IN CAPITAL)</b> (As Per Matriculation Certificate)																							
<b>FATHER'S / GURDIAN NAME</b>																							
<b>GENDER</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>MARITAL STATUS</b>	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE																				
<b>DATE OF BIRTH</b>	<table><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>			-			-					<b>PLACE OF BIRTH</b>											
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<b>JCIC No. (if applicable)</b>	<table><tr><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>								-					-					-				
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<b>NATIONALITY</b>			<b>RELIGION</b>																				
<b>ADDRESS FOR CORRESPONDENCE</b>																							
	PIN:		Tel No. with STD code:																				
	Email:		Mobile No.:																				
<b>CONTACT PERSON (In case of emergency)</b>	Name:		Mobile No.:																				
	Address:		Tel No. with STD code:																				
	Relation:		Occupation:																				

<b>Tuition Fee Mode</b>	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMESTER-WISE
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**Educational Qualification (Starting with Intermediate Degree) attach photo copies of all mark sheets & certificate.**

Examination	School / College/ University	Board / Institute	Group	Year of Passing	% Marks/ CGPA	Rank in Class/ University
Intermediate/A-Level						
Matric/O-Level						
Graduation						
Masters/M.Phil.						
Any Other						

**Employment Details (fill the details if you are currently employed) attach experience certificate or offer letter.**

Name of Institute/ Organization	Designation/ Level	Sector (Government / Private)	Specialization	Duration

## UNDERTAKING

- I hereby declare that the information given in this application is correct and take full responsibility for any incorrect information.
- I hereby agree to abide by the rules and regulations of FHES and UoK as well as new rules to be enforced from time to time.

**Date:** \_\_/\_\_/20\_\_

\_\_\_\_\_  
**Candidate's Signature**

**FOR OFFICE USE**

The candidate is ☐ **recommended** ☐ **not recommended** for admission in Bachelor's Programme.

<b>Reason for Non-Recommendation:</b>	
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Documents Required	Yes	No	NR (Not Required)
Copy of Matric Mark Sheet (or O-Level equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Matric Certificate (board office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate Mark Sheet (Original) Or Copy of Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduation Mark Sheet (Original) Or Copy of Graduation Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masters Mark Sheet (Original) Or Copy of Masters Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of CNIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of JCIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migration Certificate Original (If other than Sindh Board)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equivalence Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Passport Size Photographs (with blue background)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Date:** \_\_ / \_\_ / 20 \_\_

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**Coordinator**

**Date:** \_\_ / \_\_ / 20 \_\_

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**Head of Department**

**Date:** \_\_ / \_\_ / 20 \_\_

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**Executive Director – FHES**

