



# HANDS Institute of Development Studies

Admission  
**2024-25**



[www.hands-ids.edu.pk](http://www.hands-ids.edu.pk)

## A. Personal Information

Candidate Name:  
(Please use capital letters)

Paste 1 passport  
Size Photograph  
here

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female  Other

CNIC No. / Form-B  -  -

Marital Status:  Single  Married  Divorced  Other (specify) \_\_\_\_\_

Citizenship:  Pakistani Other: \_\_\_\_\_

Province: \_\_\_\_\_ Domicile: \_\_\_\_\_

Contact No. : \_\_\_\_\_ Email: \_\_\_\_\_

## B. Parent/Guardian Information

Parent / Guardian Name:  
(Please use capital letters)

CNIC No.  -  -  Relationship: \_\_\_\_\_

## C. Academic Information

Qualification	Group	Obtained Marks / CGPA	Total Marks / CGPA	Overall Percentage	Board / University	Year of Passing	Result Awaited	
							Yes	No
SSC / O-Level							<input type="checkbox"/>	<input type="checkbox"/>
HSSC / A-Level							<input type="checkbox"/>	<input type="checkbox"/>
Bachelors							<input type="checkbox"/>	<input type="checkbox"/>
Masters							<input type="checkbox"/>	<input type="checkbox"/>
Others							<input type="checkbox"/>	<input type="checkbox"/>

Position in Board or University / Scholarships earned (if any) \_\_\_\_\_

## D. Selection of Department and Program

Please select your desired department and program (Choose any 3 as per your choice) :

### Choice 01:

#### Department of Business Administration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BS Accounting & Finance (4 Year Degree Program)	Bachelors in Business Administration (4 Year Degree Program)	Associate Degree in Business Administration (2 Year Degree Program)

#### Department of Development Studies

<input type="checkbox"/>	<input type="checkbox"/>
BS Development Studies (4 Year Degree Program)	BS Community Development & Leadership (4 Year Degree Program)

### Choice 02:

#### Department of Business Administration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BS Accounting & Finance (4 Year Degree Program)	Bachelors in Business Administration (4 Year Degree Program)	Associate Degree in Business Administration (2 Year Degree Program)

#### Department of Development Studies

<input type="checkbox"/>	<input type="checkbox"/>
BS Development Studies (4 Year Degree Program)	BS Community Development & Leadership (4 Year Degree Program)

### Choice 03:

#### Department of Business Administration

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BS Accounting & Finance (4 Year Degree Program)	Bachelors in Business Administration (4 Year Degree Program)	Associate Degree in Business Administration (2 Year Degree Program)

#### Department of Development Studies

<input type="checkbox"/>	<input type="checkbox"/>
BS Development Studies (4 Year Degree Program)	BS Community Development & Leadership (4 Year Degree Program)

### UNDERTAKING

- I have read and understood the admission criteria and requirements of The HANDS IDS.
- I have understood and aware that my admission will be cancelled if I do not meet the admission requirements.
- I have understood and aware that my admission will be cancelled if any forgery is detected in the documents that I have provided or any information provided by me is found to be incorrect.
- All personal and academic information provided by me is correct and authentic.
- I have understood all the rules, regulations, and procedures of the institution.
- I will abide by all rules and regulations set by The HANDS IDS.
- I will conduct myself as a responsible student of The HANDS IDS and will not violate the institute's discipline.
- I will not involve myself in any political activities in institute's premises.
- I am aware and agree that all policies and regulations set by The HANDS IDS will be binding on me, and that I will not violate such policies and regulations.

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

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

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

## E. Mailing Address

Please write your address carefully in below section.

(Address and contact numbers should be valid for receiving documents dispatched by institution)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell No 1: \_\_\_\_\_ Cell No 2: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell No 1: \_\_\_\_\_ Cell No 2: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell No 1: \_\_\_\_\_ Cell No 2: \_\_\_\_\_

## F. Required Documents / Checklist

Documents Required with Application Form:

Two photocopies of the following documents should be submitted with the application form (Attested)

1	Candidate's CNIC/Form-B	<input type="checkbox"/>
2	Parent's / Guardian's CNIC	<input type="checkbox"/>
3	Matriculation / O-Level mark sheet	<input type="checkbox"/>
4	Matriculation pass certificate (optional)	<input type="checkbox"/>
5	Intermediate / A-Level mark sheet	<input type="checkbox"/>
6	Intermediate pass certificate (optional)	<input type="checkbox"/>
7	Domicile	<input type="checkbox"/>
10	Five passport size photographs	<input type="checkbox"/>
11	Other documents (if applicable)	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

## Get in touch



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+92 304 3936001



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www.hands-ids.edu.pk

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