SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉ **Email: sinahsquetta75@gmail.com**
✆ **PHONE: 081-4122593 - 0311-8013611**

To

The Director,
SINA Institute of Nursing and
Allied Health Sciences Quetta

Attached One Fresh Photo Passport Size

Subject: **Application for Issuance of Student ID Card**

Respected Sir,

I respectfully request for the issuance of my student ID card. Below are my personal details required for the process:

- Name: _____
- Father's Name: _____
- Class Roll No: _____
- CNIC: _____
- Blood Group: _____
- Phone Number: _____
- Session: _____
- Address: _____
- Passport Size: One Picture attached
- PKR: 200 (attached/submitted)

Kindly process my request at your earliest convenience.

Thanking you in anticipation.

Yours obediently,

Signature: _____

Date: _____