



UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE

Ph: No. (Off) 042-99231304-9 Fax No. 042-99230870

APPLICATION FORM FOR POSTGRADUATE ADMISSIONS

Please affix one
Photograph
attested from
backside.

Tick the Relevant

- Master of Public Health Master of Health Economics & Management
- Master of Epidemiology & Biostatistics Master of Reproductive & Child Health
- Master of Health Promotion & Education

Subject Applied for:- _____ Session: - _____

Advertisement Reference:- _____ Dated: - _____

Note:- Fill application form in capital words.

Applicant's Personal Information

1.	Full Name (First, Middle, Last)																							
2.	Father's Name (First, Middle, Last)																							
3.	Date of Birth (DD/MM/YYYY)						4.	Age			5.	Gender												
6.	Contact no.												7.						Domicile (Place)					
	Personal						Home																	
8.	Marital Status						9.						CNIC No.											
	<input type="checkbox"/> Single <input type="checkbox"/> Married																							
10.	Permanent Address:-																							
	Postal Address:-																							
													E-Mail:-											

Educational Information

Degree	Title of Degree	Institute/Board /University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Matric						
Intermediate						
Bachelors			1 st Yr			Obtained Marks All Yrs/ Total Mark of All Yrs= % age _____/_____ (_____ %)
			2 nd Yr			
			3 rd Yr			
			4 th Yr			
			5 th Yr			
Masters/ Equivalent						

Check List:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

Applicant's Signature

- I have filled all the relevant columns.
- Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)
 - Matriculation Certificate
 - Intermediate Certificate
 - Bachelors Certificate (Attach copy of Detailed Marks Certificate of each year)
 - Masters Certificate
 - Original NOC to attend course on deputation basis.
 - Copies of the Publications attached (Number of Copies _____)
 - Experience Certificates
- Enclosed attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.

Note:-

- ❖ Candidates must deposit the processing Fee of Rs. 1000/- through Bank Challan at National Bank of Pakistan Sheikh Zayed Hospital Branch, Lahore (A/C No. 1711-6) or attach a Bank Draft of the same amount in the name of Treasurer UHS with his / her Application form.
- ❖ Application form containing false or incomplete information and without processing fee shall not be accepted/ entertained.
- ❖ Attested copies of Degrees / Testimonials (with Detailed Marks Certificates of all professional Examinations), Copies of Publications, Experience Certificates, NOC, CNIC Copy and 3 passport size pictures (one to be pasted and 2 to be stapled) be attached with the Application Form.
- ❖ Those who are in service and desirous to attend the course on deputation should apply through proper channel.
- ❖ Documents attached at the time of submission of application will be considered during the process of admission only.
- ❖ Original Copies of Degrees / Testimonials, Experiences Certificates & Publications at the time of interview will be required.

Applicant's Signature