



**9** Appeared in the ----- Professional Doctor of physical Therapy Annual / Supplementary Examination 20\_\_\_\_, held in \_\_\_\_\_ under Roll No. \_\_\_\_\_ and failed in the subject(s) of:

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

**10** Fee Paid Rs.     Mode of Payment  Draft  Bank Receipt  
Draft/Bank Receipt No: \_\_\_\_\_ Date:   /   /     
(DD / MM / YYYY)

**NOTE: Attach original Bank Draft/Bank Receipt with this form**

**11 Documents to be attached:**  
I have attached attested copies of the following documents with this form (tick appropriate box)

- Degree of MBBS/BDS or equivalent
- DMC of MHPE of previous Professional
- 03 photographs **size (3x3 cm)** attested from front side paste at given place and 01 photograph **size (3x3 cm)** (attested from back side) attach with admission Form.

**CERTIFICATE BY THE APPLICANT**

I hereby solemnly declare that : (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: \_\_\_\_\_  
Signature of the applicant

**CERTIFICATE BY THE PRINCIPAL**

**13** A certificate on a pattern provided below will be sent to the Examination Department not later than two weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be issued to their candidates.

{ I certify that the candidate is eligible in all respects as per Rules & Regulation of University of Health Sciences, Lahore to appear in this examination.

Dated: \_\_\_\_\_  
Signature of Principal (with stamp)



**UNIVERSITY OF HEALTH SCIENCES  
Lahore**

Roll No : \_\_\_\_\_  
(Office use only)

**Roll NO SLIP**

(FOR SUPERINTENDENT)

Examination: \_\_\_\_\_  
Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_  
Subjects in which to be examined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Paste  
photograph here  
attested from front  
side (3X3 cm)  
with blue background

**Controller of Examinations**

**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

\_\_\_\_\_  
**Signature of the Candidate**

.....



**UNIVERSITY OF HEALTH SCIENCES  
Lahore**

Roll No : \_\_\_\_\_  
(Office use only)

**ROLL NO SLIP**

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: \_\_\_\_\_  
Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_  
Subjects in which to be examined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Paste  
photograph here  
attested from front  
side (3X3 cm)  
with blue background

**Controller of Examinations**

**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

\_\_\_\_\_  
**Signature of the Candidate**