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Appearing as: Fresh / Repeater (tick whichever is applicable)

If Repeater, Number of attempts already made (excluding this attempt):

Previous appearances:

First Attempt	:	Annual / Supplementary 20	Roll No
Second Attempt	:	Annual / Supplementary 20	Roll No
Third Attempt	:	Annual / Supplementary 20	Roll No
Fourth Attempt	:	Annual / Supplementary 20	Roll No

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Subjects in which to be examined

Major:

Minor 1:

Minor 2:

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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

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Documents to be attached:

I have attached attested copies of the following documents with this form (tick appropriate box)

Degree of MBBS DMC of M.Phil (Primary) for M.Phil (Final)

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.

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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. (4) **Any research done during course of study will be the sole property of University of Health Sciences Lahore.**

Date: _____

Signature of the applicant

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CERTIFICATE BY THE PRINCIPAL/DEAN/ HEAD OF DEPARTMENT

I certify that the candidate is eligible in all respects, i.e. 75% attendance and other Rules & Regulation of PMDC & University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal/Dean/HoD
 (with official stamp/Seal)



UNIVERSITY OF HEALTH SCIENCES LAHORE

Roll No : _____

(Office use only)

Roll NO SLIP (FOR SUPERINTENDENT)

Examination: _____

Discipline: _____

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: _____

Discipline: _____

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

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Signature of the Candidate