



UNIVERSITY OF HEALTH SCIENCES

KHAYABAN-E-JAMIA PUNJAB, LAHORE

Office: 042-9231218, 042-9231304-9, Ext: 321 Fax: 042-9231857

The Controller of Examinations,
University of Health Sciences,
Lahore

STUDENT APPLICATION FORM

Tick the relevant portion:

<p>1. <input type="checkbox"/> Duplicate DMC</p> <p><input type="checkbox"/> Lost <input type="checkbox"/> Correction of Particulars <input type="checkbox"/> Correction of Registration (Fee Rs 1000 per DMC)</p> <p>Note: For correction of particulars attach the original documents/ DMCs /DEGREE</p>
<p>2. <input type="checkbox"/> Transcript</p> <p>(Copy of DMCs of all Prof must be attached) (Fee Rs 1000)</p>
<p>3. <input type="checkbox"/> Verification of DMC</p> <p>(Fee Rs 1000 per DMC)</p>
<p>4. <input type="checkbox"/> NOC for appearing in B.Sc. English Examination only.</p> <p>(DMCs of first Prof. must be attached) (Fee Rs 1000 for NOC per candidate)</p>
<p>5. <input type="checkbox"/> Others _____</p>

Name of Applicant (Correct name in block letters) _____

Father's Name (Correct name in block letters) _____

Registration No _____

Examination _____ Annual / Supple 20 _____ Roll no _____

Examination _____ Annual / Supple 20 _____ Roll no _____

Examination _____ Annual / Supple 20 _____ Roll no _____

Examination _____ Annual / Supple 20 _____ Roll no _____

Examination _____ Annual / Supple 20 _____ Roll no _____

Name of the Institution _____

Full Mailing _____

_____ Contact No _____ E-Mail / Fax # _____

Signature of Applicant _____

Forwarded by the

Dated: _____

Principal /Dean
(Signature with Stamp)

Note: Documents /Response will be sent to the Principal office of the respective institute after two weeks of receipt of this application.