



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

Basic Medical Sciences Dental Sciences Allied Health Sciences Nursing

Preference 2:- _____

Preference No. 1:- _____ Preference 3:- _____

Session: - _____ Advertisement Reference:- _____ Dated: - _____

Note:- Fill application form in capital words.

Applicant's Personal Information

PG Test Result
Roll No: _____
Marks: _____

1.	Full Name (First, Middle, Last)														
2.	Father's Name (First, Middle, Last)														
3.	Date of Birth (DD/MM/YYYY)				Age				Gender						
4.					5.										
6.	Contact no.										Domicile (Place)				
7.	Personal														
8.	Home														
9.	Marital Status					CNIC No.									
10.	<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						
MBBS/BDS/ Equivalent M.Sc/B.Sc (H) MLT 4 Years Generic B.Sc / Post RN (Nur) (Tick the Relevant)	(Write relevant degree title)		1 st Yr			Obtained All Prof/ Total All Prof = % 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
 - Postgraduate Entrance Test Result Card
(Download result card from UHS Website:- www.uhs.edu.pk)
 - 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.
- Enclosed two reference letters from the senior faculty / academic members

Note:-

- ❖ Only those applicants who have appeared in UHS Postgraduate Entrance Test held on 30th Dec, 2017, are eligible to apply for admission to M.Phil (Basic Medical Sciences) , M.Phil (Medical Laboratory Sciences) and M.Sc Nursing Programmes.
- ❖ Candidates must deposit the processing Fee of Rs. 500/- for each preference (maximum 3 preference only) 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), Postgraduate Entrance Test Result Card, Copies of Publications, Experience Certificates and NOC 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