UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304 (6 lines), EXT 321

Roll No_____
(Office Use Only)

ADMISSION FORM FOR Doctor of Physical Therapy

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- **The name /spelling of the candidate and his/her father be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same name / spelling will be finally printed on the Degree issued to you by the University.**
- Please fill in the form in **black ink** and clearly print or type only in **CAPITAL** letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
- Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
- Admission form shall be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.
- Wherever small choice field boxes "☐" are provided in the form, the box adjacent to the appropriate answer is to be ticked or crossed. ☑ or ☒

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

1 **Admission form for: Doctor of Physical Therapy:**

☐ **First Professional** ☐ **Second Professional**

☐ **Third Professional** ☐ **Fourth Professional**

☐ **Final Professional**

APPLICANT'S PERSONAL INFORMATION

2 **Full Name** (first, middle, last)

3 **Father's Name** (first, middle, last)

4 **Applicant's NIC** (provide copy)

5 **Nationality** ----------

6 **Name of Institution**

7 **Registration Number**

- - - - U H S

8 **Mailing Address** (mention all relevant information like post code etc.)

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9 **Mobile/Telephone Number** (with city code)

E-mail / Fax #