Serial No.

Roll No:_____

UNIVERSITY OF HEALTH SCIENCES Lahore

Khayaban-e-Jamia Punjab, Lahore
Ph. No. (Off) 042-9230395 (6 lines), Fax: No.9231857

Admission Form for M. Sc Medical Technology Program

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 spelling /name will be finally printed on the Degree issued to you by the University.**
- Please fill in the form with **black ink** 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 attestation from front 3X3 cm with blue background

1 **Admission form for M.Sc Medical Technology** ☐ First Year ☐ Second Year

APPLICANT'S PERSONAL INFORMATION

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

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

4 **Applicant's NIC**

5 **Name of Institution**

6 **Registration Number**

				-				-				-	U	H	S

7 **Nationality:** .....

8 **Passing M. Sc Medical Technology First Year** ☐ Annual ☐ Supplementary **Held in** ---- **Year** --- **Under Roll No** ----

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

.....

.....

10 **Mobile/ Telephone Number** (with city code) **E-mail / Fax #**

11 **Appearing as Fresh** ☐ / Repeater ☐ (tick whichever is applicable)
If Repeater, Number of attempts already made (excluding this attempt): .....

Previous appearances:

First Attempt	:	Annual / Supplementary 200	Roll No .....
Second Attempt	:	Annual / Supplementary 200	Roll No .....
Third Attempt	:	Annual / Supplementary 200	Roll No .....

12 **Subjects in which to be examined**

1) ----------

2) ----------

3) ----------

4) ----------

13 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

14 **Documents to be attached:**

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

- ☐ Degree of MBBS/B.Sc (MLT)/B.Sc (HONS) Biochemistry/Biology/Biotechnology
- ☐ DMC of M.Sc Medical Technology First Year for M.Sc Medical Technology Second Year
- ☐ 03 photographs size (3x3 cm) paste at given place and
  01 photograph size (3x3 cm) (attested from back side) attach with admission Form.

15

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

16

CERTIFICATE BY THE DEAN

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/Dean
(with official stamp/Seal)