

## **UNIVERSITY OF HEALTH SCIENCES, LAHORE**

Khayaban-e-Jamia Punjab, Lahore. Ph. 042-9231304-10, Fax: +92-042-99231857

Please Tick	
Normal	
01	
02 WEEKS	
(Fee Rs.2000)	
Urgent	
01 WEEK	
(Fee Rs.4000)	

Office of The Degree Cell
Application for Degree Verification

<u>Instructions:</u>	Photograph
NOTE: please check the following details.  Fill the form in capital letters.	Here
Two (02) attested photographs of Candidate  Attach the original DD / P.O/ Bank Challan. (Normal fee: 200	0 Urgent: 4000)
☐ Two (02) attested photocopies of Degree	, and a second
<ul><li>☐ Original Degree</li><li>☐ Copy of CNIC / Passport</li></ul>	
The form shall be submitted to the office of Degree Cell	
1. Degree Title:	
(Subject name in case of postgraduate)	
2. Final Profession passed in Examination: Annual / Supp	olementary, 20
3. Name of Candidate:	
4. Father's Name:	
5. UHS Registration No.	
Y   E   A   R   -           -   R   E   G   #   -   U   H   S	
6. Date of Birth: 7. CNIC #	
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Note: If any document found deficient, request for verification of degree will not be entertained.

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Dated: