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UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99230394 (6 lines), EXT 321

ADMISSION FORM FOR B.Sc (HONS) BIOTECHNOLOGY PROGRAM

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9 Subjects in which to be examined	
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Draft/Bank Receipt No: Date: Date:	
(DD / MM / YYYY)	
NOTE: Attach original Bank Draft/Bank Receipt with this form	
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12 CERTIFICATE BY THE APPLICANT	
I hereby solemnly declare that : (1) the information provided and statement ma	ade by me in this
form are true and correct to the best of my knowledge and belief and nothing material ha	as 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 b	eing eligible for it
is a crime punishable under the act of law, and in such case, the university has every r	ight to cancel my
result.	
Date:	
Signature of the a	pplicant
13 CERTIFICATE BY THE PRINCIPAL	
A certificate on a pattern provided below will be sent to the Examination Department	nt not later than tw
weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance care	d shall not be issue
to their candidates.	
{I certify that the candidate is eligible in all respects as per Rules & Regulation of	University of Healt
Sciences, Lahore to appear in this examination.	,
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UNIVERSITY OF HEALTH SCIENCES Lahore

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	(Office use only

Roll NO SLIP

(FOR SUPERINTENDENT)	
Evamination:	Please Paste
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Name of Institution:	blue background
Subjects in which to be examined:	
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e: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candid	dates are completely prohibited in
the examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent of	or University administration at
examination centre.	
	Signature of the Candidate
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UNIVERSITY OF HEALTH SCIENCES Lahore	Roll No :
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