Roll No: -----(Office use only)



## UNIVERSITY OF HEALTH SCIENCES LAHORE

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

## ADMISSION FORM FOR BDS 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 name 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 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
- 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

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# UNIVERSITY OF HEALTH SCIENCES Lahore

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### **Roll NO SLIP**

(FOR SUPERINTENDENT)

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Page 3

Signature of the Candidate