Form No:	Roll No:
	(Office use only)



UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore. Phone No (Off) 042-99230395 (6 lines), EXT 321

ADMISSION FORM POST GRADUATE PROGRAMME IN PUBLIC HEALTH

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 in <u>black ink</u> 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. <u>Incomplete and incorrect admission form may be cancelled.</u> The <u>University shall</u> <u>not take any responsibility for the consequences</u>
- Wherever small choice field boxes " \square " are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked \square or \square

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

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	Second Attempt :	Annual / Supplementary 20	Roll No
	Third Attempt :	Annual / Supplementary 20	Roll No
	Final Attempt :	Annual / Supplementary 20	Roll No
11 Subjects in which	h to be examined:		
(1)			
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12 Fee Paid Rs.	Mode of Payment	Draft Bank Re	eceipt
Draft/Bank Receipt N	No:	Date: (DD / MM / YYYY)	
Note: Attach ori	ginal Bank Draft/Bank Recei	pt with this form	
13 Documents to be	e attached:		
I have attached attes	sted copies of the following docume	nts with this form (tick appropriate box)	
Degree of MBBS	DMC of M.Phil (Community N	Medicine Part -I) for M.Phil (Community Med	icine Part - II)
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14	CERTIFICATE BY	THE APPLICANT	
I hereby so	lemnly declare that : (1) the i	nformation provided and statement m	nade by me in this
form are true and o	correct to the best of my knowledge	edge and belief and nothing material h	nas been concealed
or withheld herein.	(2) I have not taken any attem	pt (including the present one) in exces	ss of the maximum
attempts permitted	by PMDC/University for the sai	d examination. (3)I shall be responsib	le if my application
form is rejected for	any errors, wrong or incomplet	e entries made by me. (4) I understar	nd that applying for
examination withou	t being eligible for it is a crime	e punishable under the act of law, and	d in such case, the
university has every	right to cancel my result.		
Date:			
		Signature of th	ne applicant
15	CERTIFICATE BY	THE DEAN/PRINCIPAL	
I certify tha	t the candidate is eligible in all	respects as per Rules & Regulation of l	PMDC & University of
Health Sciences, La	hore to appear in this examinat	ion	
Dated:			
		Signature of De	ean/Principal
		(with official	l stamp/Seal)



UNIVERSITY OF HEALTH SCIENCES Lahore

Roll No	:
	(Office use only)

Roll NO SLIP

(FOR SUPERINTENDENT)	
Examination:	
Name:	
Father's Name:	Please Paste photograph here
Name of Institution:	attested from front
Subjects in which to be examined:	side (3X3 cm) with blue background
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Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre supercentre.	
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Signature of the Candidate