Serial 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 FOR MASTER OF SURGERY PROGRAM (OLD SCHEME)

#### 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 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.

Please affix photograph here attestation front (3X3 cm) with blue background

Name of Institution  Registration Number  -																		
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12	Subjects	in which to be examined:	
	i)	The Principle and Practice of Surgery	
	ii)	Surgical Pathology and Bacteriology	
	iii)	Special Subjects:	
	iv)	(tick whichever is applicable)  Anatomy and Physiology of Eye including Physiological Optics (Only for MS Ophthalmol	ogy)
	v)	Anatomy and Physiology of ENT (Only for MS Laryngology)	
13	Fee Pa	id Rs: Mode of Payment Draft	Bank Receipt
	Draft/Ba	ank Receipt No: Date:	<u> </u>
	NOTE: A	ttach original Bank Draft/Bank Receipt with this form	1111)
14		ents to be attached cached attested copies of the following documents with this form (tick appropriate box)	
		ee of MBBS	
	☐ DMC	:/Notification of previous result (for Repeater candidates only)	
	•	photographs size (3x3 cm) paste at given place and	
	01 p	shotograph size (3x3 cm) (attested from back side) attach with admission form.	
15	l	CERTIFICATE BY THE APPLICANT	
		hereby solemnly declare that : (1) the information provided and statement made ${\bf b}$	•
		the best of my knowledge and belief and nothing material has been concealed or	• •
	applying	le if my application form is rejected for any errors, wrong or incomplete entries made for examination without being eligible for it is a crime punishable under the action has every right to cancel my result.	•
			Signature of the applicant
16		CERTIFICATE BY THE DEAN/PRINCIPAL	
-10	-	certify that the candidate is eligible in all respects as per Rules & Regulation of	of PMDC & University of Health
	Sciences,	Lahore to appear in this examination.	
	Dated:		Signature of Principal/Dean
			(with official stamp/Seel)



## **UNIVERSITY OF HEALTH SCIENCES** Lahore

Roll No:	
(Off	ice use only)

## **Roll NO SLIP**

(FOR SUPERINTENDENT)	
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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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ell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to camination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superentre.	
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Examination:  Name:  Father's Name:  Name of Institution:  Subjects in which to be examined:	PERINTENDENT)  Please Paste photograph here attested from front side (3X3 cm) with blue background  Controller of Examinate the probability of the candidates are completely prohibited in