

10 **Appearing as Fresh** / Repeater (tick whichever is applicable)
If Repeater, Number of attempts already made (excluding this attempt):

Previous appearances:

First Attempt : Annual / Supplementary 200 Roll No

Second Attempt : Annual / Supplementary 200 Roll No

Third Attempt : Annual / Supplementary 200 Roll No

11 **Subjects in which to be examined:**

- 1) -----2) -----
- 3) -----4) -----
- 5) -----6) -----
- 7) -----8) -----

12 Fee Paid Rs: Mode of Payment Draft Bank Receipt
Draft/Bank Receipt No: _____ Date: / /
(DD) / MM / YYYY

NOTE: Attach original Bank Draft/Bank Receipt with this form

13 **Documents to be attached:**

I have attached attested copies of the following documents with this form (tick appropriate box)

- Degree of Two Year Post RN B. Sc (Nursing) / Four Year Generic B. Sc (Nursing)
- DMC of M.Sc (Nursing) Part-I for M. Sc (Nursing) Part-II Registration Return
- 03 photographs size (3x3 cm) paste at given place and

01 photograph size (3x3 cm) (attested from back side) attach with admission Form.

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CERTIFICATE BY THE APPLICANT

I hereby solemnly declare that : (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has 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 being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: _____

Signature of the applicant

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CERTIFICATE BY THE PRINCIPAL/DEAN

I certify that the candidate is eligible in all respects as per Rules & Regulation of University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal/Dean
(with official stamp/Seal)



**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____
(Office use only)

Roll NO SLIP

(FOR SUPERINTENDENT)

Examination: _____

Name: _____

Father's Name: _____

Name of Institution: _____

Subjects in which to be examined: _____

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

Controller of Examinations

Note: Cell/mobile phones, palm tops, minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the examination centers.

Signature of the Candidate



**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____
(Office use only)

ROLL NO SLIP

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: _____

Name: _____

Father's Name: _____

Name of Institution: _____

Subjects in which to be examined: _____

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

Controller of Examinations

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Signature of the Candidate