

# UNIVERSITY OF HEALTH SCIENCES

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

Roll No\_\_\_\_\_(Office Use Only)

### ADMISSION FORM FOR B.Sc. (HONS) 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 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. The University shall not take any responsibility for the consequences.</u>
- Wherever small choice field boxes "□" are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked. ☑ or 🗷

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

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|    | NOTE: Attach original Bank Draft/Bank Receipt w  | vith this form   |
|    | I have attached attested copies of the following docume  Certificate of F. Sc  DMC of B.Sc (HONS) of previous Professional  03 photographs size (3x3 cm) attested from front 01 photograph size (3x3 cm) (attested from back | nt side paste at given place and   |
|    | I hereby solemnly declare that : (1) the form are true and correct to the best of my knowl or withheld herein. (2) I shall be responsible if r incomplete entries made by me. (3) I understand                               | information provided and statement made by me in this redege and belief and nothing material has been concealed my application form is rejected for any errors, wrong or that applying for examination without being eligible for it in such case, the university has every right to cancel my   |
|    | Date:  | Signature of the applicant   |
| 14 | A certificate on a pattern provided below we weeks prior to the commencement of the examination to their candidates.  {  certify that the candidate is eligible in all Sciences, Lahore to appear in this examination.       | EBY THE PRINCIPAL  will be sent to the Examination Department not later than two on. Other wise Roll # slip / Admittance card shall not be issue the superstance of t |

Signature of Principal (with stamp)



# UNIVERSITY OF HEALTH SCIENCES Lahore

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| Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the ca<br>examination centers. Moreover Cell/Mobile Phones <u>shall not be collected</u> by the centre superintendent<br>entre. |  |
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