UNIVERSITY OF HEALTH KHAYABAN-E-JAMIA PUL Ph: No. (Off) 042-9231304-9 Fa	NJAB LAHORE Please affix one Photograph attested from backeida
ck the Relevant	
Basic Medical Sciences 🛛 Dental Science	es 🔲 Allied Health Sciences 🗌 Nursing
bject Applied for:	Session:
lvertisement Reference:	Dated:
ote:- Fill application form in capital words. plicant's Personal Information Full Name (First, Middle, Last)	PG Test Result Roll No: Marks :
Father's Name (First, Middle, Last)	
Date of Birth (DD/MM/YYYY)Ag	
4.	5.
Contact no.	Domicile (Place)
Personal Image: Constraint of the second s	
Marital Status	CNIC No.
Single Married 9	
Permanent Address:-	
Postal Address:-	

Educational Information

Degree	Title of Degree	Institute/Board /University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Matric						
Intermediate						
MBBS/BDS			1 st Yr			Obtained All Prof/ Total All Prof = % age
			2 nd Yr			
			3 rd Yr			·/
			4 th Yr			(%)
			5 th Yr			
Bachelors AHS / Nursing (Generic/Post RN)						
Masters						

Other Relevant Qualifications / Courses

Qualifications	Subject	Institute/Board/ University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Computer Training & Diplomas						

Medals / Distinctions / Achievements

Research Papers / Publications with Impact Factor

(Attach a complete list with proper citations)

Publication Tile	Authorship (Number)	Index/Journal	Impact Factor	Status

Research Interest ; Subject

Experience:- Govt Employee Private Employee Permanent Basis Contract Basis 						
	Organization	Peri	Period		Duration	
Designation		From	То	Year	Month	

Check List:-

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

Applicant's Signature

☐ I have filled all the relevant columns.

- □ Enclosed attested / certified copies of academic transcripts (*including certified translation if applicable*)
 - ☐ Matriculation Certificate
 - ☐ Intermediate Certificate
 - Bachelors Certificate (Attach copy of Detailed Marks Certificate of each year)
 - ☐ Masters Certificate
 - Destgraduate Entrance Test Result Card (Result from UHS Website)
 - Original NOC to attend course on deputation basis.
 - Copies of the Publications attached (Number of Copies _____)
 - Experience Certificates
- ☐ Enclosed attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.

Note:-

- Candidates must deposit the processing Fee of Rs. 500/- through Bank Challan at National Bank of Pakistan Sheikh Zayed Hospital Branch, Lahore (A/C No. 1711-6) or attach a Bank Draft of the same amount in the name of Treasurer UHS with his / her Application form.
- Application form containing false or incomplete information and without processing fee shall not be accepted/ entertained.
- Attested copies of Degrees / Testimonials (with Detailed Marks Certificates of all professional Examinations), Postgraduate Entrance Test Result Card, Copies of Publications, Experience Certificates and NOC be attached with the Application Form.
- Those who are in service and desirous to attend the course on Deputation, should apply through proper channel.
- Documents attached at the time of submission of application will be considered during the process of admission only.
- Original Copies of Degrees / Testimonials, Experiences Certificates & Publications at the time of interview will be required.

Applicant's Signature