Serial No: Batch: 3<sup>rd</sup>



## **UNIVERSITY OF HEALTH SCIENCES Lahore**

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304-9

## ADMISSION FORM FOR CERTIFICATE COURSE IN MEDICAL EDITING

## NOTE:

- 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 Certificate issued to you by the University.
- Please fill in the form with Blue 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 Paste photograph here attested from front side (3X3 cm) with blue or white background

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Father's Name (first, middle, last)										_													
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10 Experience:	
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(Preference shall be given to the applicant who has prior affiliation with any medical journal. In that case, please write down the name of journal and your current positions.

Name of Journal	Organization	Current Editorial Position if any	Experience

11 I h	nave attached attested copies		, , ,	,
	Matriculation Certificates	HSSC/FSc Bache	elor Degree (MBBS/BDS/BS (Hon:	s)/BS Nursing/DPT etc.)
	01 photographs size (3x3 cm) pa	aste at given place and		
	03 photograph size (3x3 cm) (att	tested from back side) attach with	Application Form.	
	Experience Certificate (if any	) NOC for Head of Insti	tution in case of Government	Servant
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red Date	quire course fee of <b>Rs. 40,000</b>	<u>0/-</u> prior to the start of course	). 	
			Signature	of the Applicant