

# UNIVERSITY OF HEALTH SCIENCES, LAHORE

## MS (All Discipline)

### Session 2016

Roll No.	Registration No.	Name of Candidate	Father's Name	Marks Obtained	Total Marks	%age	Name of Institute	Discipline
No Candidate								

Prepared by : \_\_\_\_\_

Verified by: \_\_\_\_\_

Asst. Controller of Examinations: \_\_\_\_\_ Dy. Controller of Examinations (A) \_\_\_\_\_