UNIVERSITY OF HEALTH SCIENCES LAHORE

KHAYABAN-E-JAMIA PUNJAB LAHORE Ph: No. (Off) 042-9231304-9 Fax No. 042-9230870 APPLICATION FORM-POSTGRADUATE ENTRANCE TEST

Please affix one Photograph attested from backside.

Tick the Relevant

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Degree	Title of Degree	Institute/Board /University	Passing Year	No. of Attempts	Obtained Marks/Total	Grade/Division /Percentage
Matric						
Intermediate						
MBBS/BDS						
M.Sc/B.Sc(H)MLT						
Gen B.Sc/Post RN B.Sc (Nursing)						
Any Other						
Computer Training/Diploma						

_	claration:-
	nereby affirm that all the information provided by me in this form is correct to the best of my
	owledge and belief, and no material has been concealed or withheld herein. Incomplete form in any
wa	y will be rejected.
	Applicant's Signature
<u>Ch</u>	eck List:-
	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
	Enclosed attested copy of the National Identity Card & Domicile Certificate.
	Enclosed three attested copies of recent photographs.
No	te:-
	Attested copies of Testimonials and NOC be attached with application form.
	Application form containing false or incomplete information shall not be accepted/ entertained.
**	No benefit would be given for any document not attached at the time of submitting application or
**	produced after the closing date.
**	On campus admissions will be advertised separately.

Applicant's Signature