



University of Health Sciences

Khayaban-e-Jamia Punjab, Lahore – 54600, Pakistan

Tel: +92(042) 9231304-9 Fax: +92(042) 9230394

Website: www.uhs.edu.pk Email: info@uhs.edu.pk, help@uhs.edu.pk

Admission Form
for
M.Phil/Ph.D. Program

- Incomplete applications shall not be entertained.
- Candidate found to have made false or incorrect statement in this form is liable to expulsion.

Department / Institute / Centre / College

Serial Number

UHS Registration Number (if available)

1

Personal details (Please use CAPITAL letters and write your details EXACTLY as they appear in your documents)

TITLE

☐

Mr

☐

Mrs

☐

Miss

☐

Male

☐

Female

Full Name

National ID Card No.

Attach
Attested
Photocopy

☐

Married

☐

Single

Father's Name

Present Mailing Address

Permanent Address

E-mail Address

Mobile

Phone

Fax

ATTACH
PHOTO HERE

DD MM YY
Date of Birth

Religion

2

Proposed Programme of Study

Department in which you wish to study

Research Interest/ Topic (if known)

Programme of Study applied for

PhD

☐

MPhil

☐

Other

☐

Proposed Supervisor (if known)

3

Educational Qualifications

Title	Examining Board / Institution	Date Awarded	Marks Obtained
Matric/ SSC or Equivalent			
F.Sc./ HSC or Equivalent			
MBBS/ BDS / M.Sc.			
MD/ MS /MDS or Equivalent			
FCPS/ FRCS / MRCP or Equivalent			
M.Phil			
Other			

4

Work Experience

Job Title	Name of Organization	Date (from)	Date (till)

5

Declarations and signatures

Brief description of research work done so far including title of the project / abstract for not more than 200 words, name of supervisor and institution. (You can use extra sheets if required)

State if financial support is required.

Reasons for choosing this programme of study at the University of Health Sciences, Lahore.

What are your future education plans?

Please write a brief statement about your personal interests and hobbies.

Have you ever been convicted? If Yes, give details of all convictions.

6

Publications (if any)

Title of Paper	Journal	Volume	Year	Page(s)

7

Check List

Have You:

- ☐ Filled all relevant columns
- ☐ Enclosed attested / certified copies of academic transcripts (including certified translation if necessary)
- ☐ Intermediate Certificate ☐ Matriculation Certificate
- ☐ MBBS ☐ BDS ☐ M.Sc. ☐ Or equivalent
- ☐ MD ☐ MS ☐ MDS ☐ Or equivalent
- ☐ FCPS ☐ FRCS ☐ MRCP ☐ Or equivalent
- ☐ M.Phil ☐ Or equivalent
- ☐ Enclosed certificate of experience from the employer.
- ☐ Enclosed a letter of permission from the employer (for employees only).
- ☐ Enclosed migration certificate (if graduated from a University other than the University of Health Sciences, Lahore).
- ☐ Enclosed a certificate of good moral character.
- ☐ Enclosed an attested copy of the National Identity Card & Domicile Certificate.
- ☐ Enclosed three attested copies of recent photographs.

Note:

- All relevant documents must be attached by the candidate with his / her application form.
- No benefit would be given for any document not attached at the time of submitting application or produced after the closing date.
- Applicants shall submit their original documents at the time of admission.

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Declaration and Signatures

I, solemnly declare that:

I have neither joined nor shall join any other institution during the course of my studies at the University of Health Sciences, Lahore.

I am not suffering from any infectious disease i.e. HIV, Hepatitis B, C etc.

I understand that the University may vary or reverse any decision made on the basis of incorrect or incomplete information which I have provided.

I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake:

- to abide by the Statutes, Regulations and Rules etc. framed by the University or the Department/Institute/Centre/College from time to time and shall be liable to any penalty including rustication/expulsion, in case of violation on my part;
- to accept as a condition of my admission the authority of the University that a student can be required to withdraw his name from the rolls, if in the opinion of the Vice-Chancellor/Director/Chairman/Principal of the Department/Institute/Centre/College, his stay is not conducive to the welfare, either of himself or others in the Department/Institute/Centre/College. Should I fail to withdraw my name immediately after being called upon to do so, it may be struck off the rolls of the Department/Institute/Centre/College without any further notice to me.
- not to "indulge in politics", and in case, I violate this undertaking and "indulge in politics" after my admission by the University, I shall be liable to expulsion without any notice under the order of the Vice-Chancellor which order shall be final.
- to accept as binding on me as long as I am a student, all rules and regulations in force at the time of joining and which might be framed subsequently.
- to show good behavior;
- to devote wholeheartedly to my studies and maintain the dignity and prestige of the University both in and outside the University;
- to pay in time all the dues and fine, if any;
- to intimate the new address to Registrar if there is any change in my contact address/phone number.
- to undertake to take examination unconditionally notified by the University/Department/Institute/Centre/College.
- to read the relevant rules and regulations concerning admission before signing this application.

Signature of Applicant

Date / /

This section must be completed by your present or former teacher, employer or a person who knows you well, academically and/or socially, whom we can contact for recommendations.

Reference - I

How long have you known the applicant and in what capacity?

What is your opinion of the Applicants suitability for the course chosen?

Please tick appropriately
One ☐ tick per row

	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual / Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other information that you feel is relevant

Referee's Name

Designation

Address

Signature

Date

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

Reference - II

How long have you known the applicant and in what capacity?

What is your opinion of the Applicants suitability for the course chosen?

Continued...

Please *tick* appropriately
One ☐ tick per row

	Outstanding	Excellent	Very Good	Good	Average	Unknown
Intellectual / Academic ability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ability to work hard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Perseverance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creativity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Concern for others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other information that you feel is relevant

Referee's Name

Designation

Address

Signature

Date

As many potential candidates apply, selection is extremely difficult. Your comments will provide us with important information in assessing this application.

10 Comments of the Head of Department

Comments of Head of Department about the suitability of candidate for acceptance in department / research program.

Signature of Head of Department

For Office Use Only

11 Evaluation Record

Matric	<input type="text"/>
F.Sc	<input type="text"/>
MBBS / BDS / M.Sc.	<input type="text"/>
MD / MS / MDS or Equivalent	<input type="text"/>
FCPS / FRCS / MRCP or Equivalent	<input type="text"/>
M. Phil	<input type="text"/>
Teaching / Research Experience	<input type="text"/>
Written Test	<input type="text"/>
Interview	<input type="text"/>
Total Merit	<input type="text"/>
Remarks <input type="text"/>	

12 Admissions

Admitted ☐ Yes ☐ No

HoD / Chairman / Chairperson / Principal

Vice-Chancellor