

For Office Use Only:
Complaint #: _____
Date of receipt: _____



University of Health Sciences, Lahore

Khayaban-e-Jamia Punjab Lahore-- 54600, Pakistan. Ph #: 99231304--09
Email: info@uhs.edu.pk , Website: www.uhs.edu.pk

Complaint / Suggestion Form

Name	
Father's Name	
CNIC / B-Form No.	
Phone No.	
Cell No.	
Address:	
Name of Institution / Person against whom the complaint is being made	
Nature of Complaint (Briefly describe the nature of Complaint / Suggestion.) use extra page if required:	

I, the complainant, do hereby solemnly affirm and declare on oath as under:

1. That the information set forth herein and contained in the attachment here are true and correct and nothing has been concealed.
2. That the matter directly and substantially in issue in my complaint has not been directly and indirectly in issue in any legal proceedings or decided by any court of law.
3. That the matter directly and substantially in issue in my complaint is not under investigation by the concerned institution, university investigation agency or the Government

Date:- _____

Signatures

Note: Please download this form and send it along with the supporting evidence in the form of documents (e.g. receipts, text messages, emails, lists, copy of application form submitted at college, etc.) by Post / Courier to the **Deputy Registrar , University of Health Sciences, Khayaban-e-Jamia Punjab, Lahore** or email it at complaints@uhs.edu.pk