



**10** Appearing as fresh  / Repeater  (tick whichever is applicable)

If Repeater, Number of attempts already made (excluding this attempt): .....

**Previous appearances:**

First Attempt	:	Annual / Supplementary 20 .....	Roll No .....
Second Attempt	:	Annual / Supplementary 20 .....	Roll No .....
Third Attempt	:	Annual / Supplementary 20 .....	Roll No .....

**11** Subjects in which to be examined

- 1) -----2) -----
- 3) -----4) -----
- 5) -----6) -----
- 7) -----8) -----

**12** Fee Paid Rs:      Mode of Payment  Draft  Bank Receipt

Draft/Bank Receipt No: \_\_\_\_\_ Date:   -   -

(DD) / MM / YYYY

**NOTE: Attach original Bank Draft/Bank Receipt with this form**

**13** Documents to be attached:

I have attached attested copies of the following documents with this form (tick appropriate box)

- Degree of Two Year Post RN B. Sc (Nursing) / Four Year Generic B. Sc (Nursing)
- DMC of M.Sc (Nursing) Part-I for M. Sc (Nursing) Part-II
- 03 photographs size (3x3 cm) attested from front side paste at given place and  
01 photograph size (3x3 cm) (attested from back side) attach with admission form.

**14** **CERTIFICATE BY THE APPLICANT**

I hereby solemnly declare that : (1) the information provided and statement made by me in this form are true and correct to the best of my knowledge and belief and nothing material has been concealed or withheld herein. (2) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me. (3) I understand that applying for examination without being eligible for it is a crime punishable under the act of law, and in such case, the university has every right to cancel my result.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the applicant**

**15** **CERTIFICATE BY THE DEAN**

I certify that the candidate is eligible in all respects as per Rules & Regulation of University of Health Sciences, Lahore to appear in this examination.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal/Dean**  
(with official stamp/Seal)



UNIVERSITY OF HEALTH SCIENCES  
Lahore

Roll No : \_\_\_\_\_

(Office use only)

**Roll NO SLIP**

(FOR SUPERINTENDENT)

Examination: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Subjects in which to be examined: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Paste  
photograph here  
attested from front  
side (3X3 cm)  
with blue background

**Controller of Examinations**

**Note:** Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre..

\_\_\_\_\_  
**Signature of the Candidate**

.....



UNIVERSITY OF HEALTH SCIENCES  
Lahore

Roll No : \_\_\_\_\_

(Office use only)

**ROLL NO SLIP**

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Subjects in which to be examined: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Paste  
photograph here  
attested from front  
side (3X3 cm)  
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\_\_\_\_\_  
**Signature of the Candidate**