



UNIVERSITY OF HEALTH SCIENCES

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The Controller of Examinations,
University of Health Sciences,
Lahore.

STUDENT APPLICATION FORM

Tick the relevant portion.

1. <input type="checkbox"/> Duplicate DMC <input type="checkbox"/> Lost <input type="checkbox"/> Correction of Particulars <input type="checkbox"/> Correction of Registration (Fee: Rs. 1000 per DMC)
2. <input type="checkbox"/> Transcript (Copy of DMCs of all Prof. must be attached) (Fee: Rs. 1000)
3. <input type="checkbox"/> Verification of DMC (Fee: Rs. 1000 per DMC)
4. <input type="checkbox"/> NOC for appearing in B.Sc. English Examination only. (DMCs of First Prof. must be attached) (Fee: Rs. 1000)
5. <input type="checkbox"/> Others _____ _____

Name of the Applicant (in block letters) _____

Father's Name (in block letters) _____

Examination _____ Part-____ / ____ Annual / Supplementary 200 ____.

Roll No. _____ Registration No. _____

Name of the Institution _____

Full Mailing Address _____

_____ Contact No. _____ E-mail / Fax # _____

Signature of the Applicant _____

Forwarded by the

Dated: _____

Principal / Dean
(Signature with Stamp)

* Documents / Response will be sent to the Principal within seven days of receipt of this application.