



**UNIVERSITY OF HEALTH SCIENCES LAHORE**  
**KHAYABAN-E-JAMIA PUNJAB LAHORE**  
**Ph: No. (Off) 042-9231304-9 Fax No. 042-9230870**

Please affix  
 Photograph attested  
 from backside. (4x4)

**APPLICATION FORM - POSTGRADUATE ENTRANCE TEST**

**Discipline:- Basic Medical Sciences / Allied Health Sciences / Nursing** (whichever is applicable)

Subject Applied for:- \_\_\_\_\_ Session:- \_\_\_\_\_ (if Applicable)

Advertisement Reference:- \_\_\_\_\_ Dated: - \_\_\_\_\_

**Applicant's Personal Information**

1.	Full Name (First, Middle, Last)																			
	[Grid for name entry]																			
2.	Father's Name (First, Middle, Last)																			
	[Grid for father's name entry]																			
3.	Date of Birth (DD/MM/YYYY)								4. Age						5. Gender					
	[Grid for date of birth]								[Grid for age]						[Grid for gender]					
6.	Address																			
	Permanent Address:-																			
	[Grid for permanent address]																			
7.	Postal Address:-																			
	[Grid for postal address]																			
	Contact no.																			
7.	Personal										8. Domicile									
	Home										[Grid for domicile]									
9.	Marital Status										10. CNIC No.									
	<input type="checkbox"/> Single <input type="checkbox"/> Married										[Grid for CNIC No.] - -									

**Educational Information**

Degree	Subject	Institute/Board/ University	Passing Year	Obtained Marks/Total	No. of Attempts	Grade/Division /Percentage
Matric/ O-Levels						
Intermediate/ A-Levels						
MBBS/BDS						
MSC / B.Sc Hons (AHS)						
Gen B.Sc / Post RN B.Sc (Nursing)						
Any Other						
Computer Training /Diploma						

**Check List:-**

I hereby affirm that all the information provided by me in this form is true to the best of my knowledge and belief, and no material has been concealed or withheld herein.

-----  
**Applicant's Signature**

- 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
  - Masters Certificate
  - \_\_\_\_\_
- Enclosed attested copy of the National Identity Card & Domicile Certificate.
- Enclosed three attested copies of recent photographs.

**Note:-**

- ❖ Attested copies of testimonials, experience certificates, NOC be attached with application form.
- ❖ Forms 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.

-----  
**Applicant's Signature**