

# UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore

Ph. No.(Off) 042-9230395 (6 lines) , Fax: No.042-9231857

# Admission Form for MBBS Program

#### NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
  Please fill in the form in black ink and clearly print or type only in CAPITAL letters and avoid contact with the edges of the boxes. A box may be left empty wherever a word ends and a new word begins in the same line or where nothing further is to be written.
  Avoid any over-writing and other mistakes while filling in the form. Please make sure the form
  - Avoid any over-writing and other mistakes while filling in the form. Please make sure the form is filled in as neatly as possible.
     Admission Form to filled in legibly and correctly by the condidate in his (her own handwriting).
  - Admission Form be filled in legibly and correctly by the candidate in his/her own handwriting. Incomplete and incorrect admission form may be cancelled. The University shall not take any responsibility for the consequences.
  - Wherever small choice field boxes "□ " are provided in the form, the box adjacent to the appropriate answer is to be ticked or checked. ☑ Or ☑

Please affix photograph here attested from front side (4X4 cm) with blue background

Admission form for : 🗌 First Professional Part-I					First Professional Part-II Second Professional																
Third Professional					Final Professional																
APPLICANT'S PER						PER	SONAL INFORMATION														
Full Name (first, mid	dle, las	st)			r	1		1				1	-		-			1			-
Father's Name (first,	middle,	, last)																			
Name of Institution											]										
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Registration Number	ər						1														

# 8 Mobile/ Telephone Number (with city code)

E-mail / Fax #

First Attempt     Annual / Supplementary 200     Roll No     Third Attempt     Annual / Supplementary 200     Roll No     Fourth Attempt     Fou	Previous appearances:				
Third Attempt       Annual / Supplementary 200       Roll No         Fourth Attempt       Annual / Supplementary 200       Roll No         Subjects in which to be examined:       Image: Complementary 200       Roll No         1       Image: Complementary 200       Roll No       Image: Complementary 200         3       Image: Complementary 200       Roll No       Image: Complementary 200         4       Image: Complementary 200       Roll No       Image: Complementary 200         5       Image: Complementary 200       Roll No       Image: Complementary 200         Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200       Image: Complementary 200       Image: Complementary 200       Image: Complementary 200         Image: Complementary 200		•			
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2	Subjects in which to be	examined:			
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Fee Paid Rs.	2			5	
Draft/Bank Receipt No:	3			6	
Documents to be attached         Inave attached attested copies of the following documents with this form:         Certificate of F.Sc (Only for MBBS Part-1)       DMC of Previous Professional Examination         03 photographs size (4x4 cm) paste at given place and       01 photograph (attested from back side) attach with admission Form.         CERTIFICATE BY THE APPLICANT         DECONTINUE of the best of my knowledge and belief and nothing has been concealed or withheld here         (2) I shall be responsible if my application form is rejected for any errors, misinformation or incomplete entr         made by me. (3) I understand that applying for examination without being eligible for it is a crime punishar         under law, and in such case, the university has every right to cancel my result.         Date:			5	ate:	eipt
I have attached attested copies of the following documents with this form:   Certificate of F.Sc (Only for MBBS Part-I) DMC of Previous Professional Examination   03 photographs size (4x4 cm) paste at given place and O1 photograph (attested from back side) attach with admission Form. <b>CERTIFICATE BY THE APPLICANT</b> I hereby solemnly declare that: (1) the information provided and statements made by me in this for are true and correct to the best of my knowledge and belief and nothing has been concealed or withheld here (2) I shall be responsible if my application form is rejected for any errors, misinformation or incomplete entre made by me. (3) I understand that applying for examination without being eligible for it is a crime punishal under law, and in such case, the university has every right to cancel my result. Date: <u>CERTIFICATE BY THE PRINCIPAL</u> A certificate on a pattern provided below will be sent to the Examination Department no later thar weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be is to their candidates. { leatth Sciences, Lahore to appear in this examination.	NOTE: Attach original Bank	< Draft/Bank Receipt with	n this form		
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## UNIVERSITY OF HEALTH SCIENCES Lahore

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

(Office use only)

### Roll NO SLIP

#### (FOR SUPERINTENDENT)

Examination:	
Name:	Please Paste
Father's Name: Name of Institution:	attacted from from
Subjects in which to be examined:	, ,
	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.

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:	Please Paste
Name of Institution:	photograph here attested from front
Subjects in which to be examined:	side (4X4 cm) with
	blue background
	Controller of Examinations

#### Signature of the Candidate

**Note:** Cell/mobile phones, palm tops, minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the examination centers.