



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 is filled in as neatly as possible.
- 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

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Admission form for :  

☐ First Professional Part-I

☐ First Professional Part-II

☐ Second Professional

☐ Third Professional

☐ Final Professional

APPLICANT'S PERSONAL INFORMATION

2

Full Name (first, middle, last)

3

Father's Name (first, middle, last)

4

Applicant's NIC

5

Name of Institution

6

Registration Number

7

Mailing Address (mention all relevant information like post code etc.)

8

Mobile/ Telephone Number (with city code)

E-mail / Fax #

**9** **Appearing as Fresh** ☐ / Repeater ☐  
If Repeater, Number of attempts already made (excluding this attempt): .....

**Previous appearances:**

First Attempt	:	Annual / Supplementary 200 .....	Roll No .....
Second Attempt	:	Annual / Supplementary 200 .....	Roll No .....
Third Attempt	:	Annual / Supplementary 200 .....	Roll No .....
Fourth Attempt	:	Annual / Supplementary 200 .....	Roll No .....
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**10** **Subjects in which to be examined:**

1. -----	4. -----
2. -----	5. -----
3. -----	6. -----

**11** **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

**12** **Documents to be attached**  
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  
01 photograph (attested from back side) attach with admission Form.

**13** **CERTIFICATE BY THE APPLICANT**

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

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

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

**14** **CERTIFICATE BY THE PRINCIPAL**

A certificate on a pattern provided below will be sent to the Examination Department no later than two weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be issued to their candidates.

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

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

\_\_\_\_\_  
**Signature of Principal (with stamp)**



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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**

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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.