

## UNIVERSITY OF HEALTH SCIENCES, Lahore. KHAYABAN-E-JAMIA PUNJAB, LAHORE. Ph: 042-99231304-9, Ext: 301 Fax: 042-99231857

## The Controller of Examinations,

University of Health Sciences, Lahore.

## STUDENT APPLICATION FORM

Tick the relevant portion: ( $\checkmark$ )		
1. Duplicate DMC (Detail Marks Certificate)		
LOST Correction of Particulars		
• For Correction of Particulars attach the original DMC & attested copy of matric certificate.		
Normal Fee: Rs: 2000/- Per DMC, Urg	ent Fee: Rs: 4000/- Per DMC	
2. Transcript		
• All attested Copies of pass DMC's must be attached.		
<ul> <li>Normal Fee: Rs: 2000/-, Urgent Fee: Rs: 4000/-</li> <li>3. Verification of documents of all types (except Degree)</li> </ul>		
Normal Fee: Rs: 2000/- per document,		
4. NOC for appearing in B.Sc English Exar		
• DMC's of 1 <sup>st</sup> & 2 <sup>nd</sup> Year must be attach	-	
Normal Fee: Rs: 2000/-, U	rgent Fee: Rs: 4000/-	
5. Distinction Certificate		
6. 🔲 Others:		
Name of Applicant: (as per matric certificate: in block letters		
CNIC /Passport No. of Applicant		
Father's Name: (as per matric certificate: in block letters)		
UHS Registration No.	Total amount paid Par	
Examination: Annua	al / Supple 20 Roll No Pass 🗌 Fail	
Examination: Pass - Fail		
Examination:		
Examination: Annua		
Examination:	al /LLI Supple 20 Roll No Pass LLI Fail	
Name of Institution:		
Contact NoE-mail ID		
Signature of Applicant:		
	(Signature with Stamp)	
Dated:	Forward by the Principal/Dean	
With <b>Normal Fee</b> response will be send to the given mail		
receipt of application at Examinations Department UHS, Lahore.		
With Urgent Fee response will be send to the given mailing address by surface mail after 07 working Days of receipt of application at Examinations Department UHS, Lahore.		
Mode of Payment		
i) Online Challan Generation: https://fms.uhs.edu.pk and submit both challan copies		
(for Finance & Examination Department) with the Application form.		
ii) Fee could be deposited in any branch of National Bank of Pakistan		
through Cash Management System (CPRL)		
×		
Complete Mailing Address:	Complete Mailing Address:	
Name:	Name:	

Address:	Address:
Cell No:	Cell No: