Roll	No:		
	3	Office u	se only)



UNIVERSITY OF HEALTH SCIENCES LAHORE

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304 (6 lines), EXT 321

ADMISSION FORM FOR BDS PROGRAM

NOTE:

The form shall be submitted to the Office of the Controller of Examinations.

The name/spelling of the candidate and his/her father name be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same spelling /name will be finally printed on the

Degree issued to you by the University.

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.

Please affix photograph here attested from front side (3X3 cm) with blue

Whe	rever		II cho	ice fie	eld bo	oxes '	" "	are p	rovid	ed ir	the	form	, the	box a	djace	nt to	lile a	ppior			ver is	ιο			 	
Adn	nissi	on f	orm	for:		First	Profe	essior	nal			Se	cond	Profe	ession	al				22						
						Third	Prof	essio	nal] Fi	nal Pi	rofes	sional											
								APP	LICA	TNA	'S P	ERS	SONA	AL IN	IFOR	MA	ΓΙΟΝ									
Full	Nan	ne (fi	irst, r	niddl	e, la	st)	Г			T			_	_	1		T	_		_		_	$\overline{}$	_		Т
Fati	ner's	Nar	ne (f	irst, r	nidd	le. la	ıst)																			
1 44		1101				1				Γ	Γ	T												T		
			IIC																							
Nam	ne of			on									I				Τ	I	I			I				I
		Inst	itutio	on							I						I		I			I	1			I
		Inst	itutio				-										I			U	I H		S			
Reg Nation	yistra onali	Inst	Nur	mber	tion a	all rele	evant	t infor	matio	on lik	ке рс	ost co	ode et	c.)									A CONTRACTOR OF THE PARTY OF TH			
Reg Nation	yistra onali	Inst	Nur	mber	tion a	all rele	evant	t infor	matio	on lik	ке рс	ost co	ode et	c.)									A CONTRACTOR OF THE PARTY OF TH			

10	Appearing as Fresh / Repeater / Repeater / Repeater / If Repeater, Number of attempts already made (excluding this attempt):
	Previous appearances: First Attempt : Annual / Supplementary 20 Roll No Second Attempt : Annual / Supplementary 20 Roll No Third Attempt : Annual / Supplementary 20 Roll No Fourth Attempt : Annual / Supplementary 20 Roll No
12	Subjects in which to be examined: 4
ŀ	Documents to be attached: I have attached attested copies of the following documents with this form (tick appropriate box) Certificate of F.Sc (Only for First Prof. BDS) Registration Certificate of PM&DC (Only for First Prof. BDS) DMC of Previous Professional Examination 03 photographs size (3x3 cm) attested from front side paste at given place and 01 photograph size (3x3 cm) (attested from back side) attach with admission Form. CERTIFICATE BY THE APPLICANT I hereby solemnly declare that: (1) the information provided and statements made by me in this form are rue and correct to the best of my knowledge and belief and nothing material 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 ander law, and in such case, the university has every right to cancel my result.
	Date:Signature of the applicant
C	CERTIFICATE BY THE PRINCIPAL A certificate on a pattern provided below will be sent to the Examination Department not later than two weeks prior to the commencement of the examination. Other wise Roll # Slip / Admittance card shall not be issued to their candidates. { 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:	Please Paste
Father's Name:	photograph here
Name of Institution:	attested from front side (3X3 cm) with
Subjects in which to be examined:	blue background
	Controller of Examination
ell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the cand camination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or entre.	didates are completely prohibited in the University administration at examinate
	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 SUPERINTER	NDENT)
Examination:	
Name:	
Father's Name:	Please Paste
Name of Institution:	photograph here attested from front
Subjects in which to be examined:	side (3X3 cm) with blue background
	Controller of Examination

Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.