



UNIVERSITY OF HEALTH SCIENCES LAHORE

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

Roll No _____
(Office Use Only)

ADMISSION FORM FOR Doctor of Physical Therapy

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- The name /spelling of the candidate and his/her father be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same name / spelling 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.
- Admission form shall 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 crossed. or

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

1 Admission form for: Doctor of Physical Therapy:

- | | |
|---|--|
| <input type="checkbox"/> First Professional | <input type="checkbox"/> Second Professional |
| <input type="checkbox"/> Third Professional | <input type="checkbox"/> Fourth Professional |
| <input type="checkbox"/> Final Professional | |

APPLICANT'S PERSONAL INFORMATION

2 Full Name (first, middle, last)
[Grid for name entry]

3 Father's Name (first, middle, last)
[Grid for father's name entry]

4 Applicant's NIC (provide copy)
[Grid for NIC entry]

5 Nationality
[Text field for nationality]

6 Name of Institution
[Grid for institution name entry]

7 Registration Number
[Grid for registration number entry]

8 Mailing Address (mention all relevant information like post code etc.)
[Text field for mailing address]

9 Mobile/Telephone Number (with city code)
[Text field for phone number]

E-mail / Fax #
[Text field for email/fax number]

