



# UNIVERSITY OF HEALTH SCIENCES LAHORE

## STRUCTURED HOUSE JOB OPPORTUNITY FOR DPT GRADUATES (ON-CAMPUS) SESSION 2019-24

Applications are invited from the Doctor of Physical Therapy (DPT) program graduates (on-campus only) for structured house job at affiliated teaching hospitals. Details are as follows:

### Eligibility:

Only those candidates shall be eligible who:

- were enrolled as on-campus students of the Doctor of Physical Therapy (DPT) Program (Batch-I, Session 2019–2024); and
- have successfully passed the Final Professional Examination of the said program.

### Duration:

The period of house job shall be one year.

### Stipend:

The stipend shall be payable at the rates prescribed by the Government of the Punjab for Internship Programs, as amended from time to time.

### Application Process:

- The candidate shall submit application, on the prescribed form duly recommended by:
  - the Head of the Department of Physical Therapy; and
  - the Director, Institute of Allied Health Sciences.
- The application must be accompanied by attested copies of the Detailed Marks Certificates (DMCs) of all professional examinations passed.
- The complete application must be delivered to the Office of the Director, Undergraduate Studies, University of Health Sciences, City Campus, Lahore, on or before **Friday, 5<sup>th</sup> September 2025**, before the close of official business hours.

### Registrar

University of Health Sciences,  
Khayaban-e-Jamia Punjab, Lahore-54600  
Ph #: 042-99231305-09



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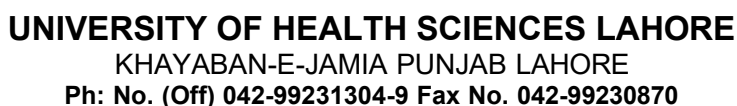
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Please affix 4  
Photographs  
attested from  
backside. (4x4)

Post/Subject Applied for: - \_\_\_\_\_ Session: - \_\_\_\_\_ (if Applicable)

Advertisement Reference: - \_\_\_\_\_ Dated: - \_\_\_\_\_

**Full Name** (First, Middle, Last)

[illegible]

**Father's Name** (First, Middle, Last)

[illegible]

Date of Birth (DD/MM/YYYY)

3.									
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Age

4.

**Gender**

5. \_\_\_\_\_

**Address**[illegible]

Contact no.

7.

### E-mail Address

8.

Domicile

9.							
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### Marital Status

10. 

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Single

Married

**CNIC No.**

**11.**

[illegible]

Degree	Subject	Institute/Board/ University	Passing Year	Obtained Marks/Total	No. of Attempts	Grade/Division with Percentage
Matric/O-Levels						
Intermediate/A- Levels						
DPT 5 <sup>th</sup> (Final Year Examination)						

**Declaration: -**

I hereby affirm that all the information provided by me in this form is correct to the best of my knowledge and belief, and no material has been concealed or withheld herein. Incomplete form in any way will be rejected.

**Check List: -**

- ☐ I have filled all the relevant columns.
- ☐ Enclosed attested / certified copies of academic transcripts (including certified translation if applicable) Matriculation Certificate
- ☐ Intermediate Certificate
- ☐ DPT DMC's (Attach copy of Detailed Marks Certificate of each year)
- ☐ Certificate Enclosed attested copy of the National Identity Card & Domicile Certificate.
- ☐ Enclosed three attested copies of recent photographs.

Applicant Signature: \_\_\_\_\_

➤ **Head Department of Physical Therapy, UHS**

➤ **Director, Allied Health Sciences, UHS**

➤ **Director, Undergraduate Studies, UHS**

➤ **Pro-Vice Chancellor**

➤ **Vice Chancellor**