

Serial No: \_\_\_\_\_



# UNIVERSITY OF HEALTH SCIENCES Lahore

Khayaban-e-Jamia Punjab, Lahore Phone No (Off) 042-99231304-9

## ADMISSION FORM FOR CERTIFICATE COURSE IN MEDICAL EDITING

**NOTE:**

- **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 Certificate issued to you by the University.**
- Please fill in the form with black ink 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 Paste photograph here attested from front side (3X3 cm) with blue background

**1** Admission Application for Certificate Course in Medical Editing  
At University of Health Sciences, Lahore

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

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

**4** Applicant's CNIC  
[Grid for CNIC entry]

**5** Name of institution or organization where you are currently employed, if any  
[Grid for institution name]

**6** Domicile ..... Nationality .....

**7** Postal Address (mention all relevant information like post code etc.)  
.....  
.....

**8** Mobile/ Telephone Number (Mandatory) E-mail: (Mandatory)  
[Grid for phone number] [Text box for email]

**9** Qualification:  
 MBBS  BDS  BS (Hons) Allied Health Sciences  BS in Nursing  Pharm D  DPT  
 Other \_\_\_\_\_ (Should only be in health sciences)

**10** Experience:

(Preference shall be given to the applicant who has prior affiliation with any medical journal. In that case, please write down the name of journal and your current positions.

Name of Journal	Organization	Current Editorial Position

**11** Documents to be attached

I have attached attested copies of the following documents with this form (tick appropriate box)

- Matriculation Certificates     HSSC/FSc     Bachelor Degree (MBBS/BDS/BS (Hons)/BS Nursing/DPT etc.)
- 01 photographs size (3x3 cm) paste at given place and
- 03 photograph size (3x3 cm) (attested from back side) attach with admission Forms.
- Experience Certificate (if any)     NOC for Head of Institution in case of Government Servant

**CERTIFICATE BY THE APPLICANT**

**12** I hereby solemnly declare that: (1) the information provided and statement 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, wrong or incomplete entries made by me. (3) I understand that applying for this course without being eligible for it is a crime punishable under the act of law, and in such case, the University has every right to cancel my application. (4) If selected, I will be responsible to submit the require course fee of **Rs. 40,000/-** prior to the start of course.

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

\_\_\_\_\_  
**Signature of the Applicant**