UNIVERSITY OF HEALTH SCIENCES

KHAYABAN-E-JAMIA PUNJAB, LAHORE. Ph: 042-99231304-9, Ext: 321 Fax: 042-99231857

The Controller of Examinations,
University of Health Sciences,
Lahore.

STUDENT APPLICATION FORM

Tick the relevant portion: (✓)

1. Duplicate DMC (Detail Marks Certificate)   ☐ LOST ☐ Correction of Particulars   • For Correction of Particulars attach the original DMC & attested copy of matric.   • Normal Fee: Rs: 2000/- Per DMC,   Urgent Fee: Rs: 4000/- Per DMC
2. ☐ Transcript   • All attested Copies of pass DMC's must be attached.   • Normal Fee: Rs: 2000/-,   Urgent Fee: Rs: 4000/
3. ☐ Verification   • Normal Fee: Rs: 2000/- per document,   Urgent Fee: Rs: 4000/- per document,
4. ☐ NOC for appearing in B.Sc English Examination only.   • DMC's of 1st & 2nd Year must be attached   • Normal Fee: Rs: 2000/-,   Urgent Fee: Rs: 4000/
5. ☐ Distinction Certificate
6. ☐ Others:

Name of Applicant: (as per matric certificate: in block letters) _____

Father's Name: (as per matric certificate: in block letters) _____

UHS Registration No. _____Total amount paid Rs:_____

Examination: --☐ Annual /☐ Supple 20------ Roll No. -----------☐ Pass ☐ Fail

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Examination: --☐ Annual /☐ Supple 20------ Roll No. -----------☐ Pass ☐ Fail

Name of Institution: _____

Contact No. _____ E-mail ID_____

Signature of Applicant: ----------------------------   ---------------------------------------
                                                                        (Signature with Stamp)
Dated: Forward by the Principal/Dean

➢ With **Normal Fee** response will be send to the given mailing address **through TCS** after **15** working Days of receipt of application at Examinations Department UHS, Lahore.   ➢ With **Urgent Fee** response will be send to the given mailing address **through TCS** after **03** working Days of receipt of application at Examinations Department UHS, Lahore.   ➢ **Mode of Payment**   • Pay order/Bank Draft in favour of Treasurer UHS, Lahore   • Cash can be deposit in any NBP (National Bank of Pakistan) Branch **Online NBP Account # 3001409628** {Sheikh Zayed Medical Complex Branch (Branch Code:1707), Lahore}.

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Complete Mailing Address:	Complete Mailing Address:
Name:	Name:
Address:	Address:
Cell No:	Cell No: