



UNIVERSITY OF HEALTH SCIENCES LAHORE

CONSENT FORM FOR **MODIFICATION** OF CHOICE FOR UPGRADATION/STAY  
IN PRIVATE SECTOR INSTITUTIONS

(To be submitted by the selected candidate within due date)

UHS Application ID 

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 Dated: \_\_\_\_\_

With reference to the **previous Joining Report and Consent Form** submitted to the college \_\_\_\_\_, dated \_\_\_\_\_ with consent of ☐ Stay ☐ Upgradation.  
(College Name)

(previous report annexed herewith).

- 1- I, \_\_\_\_\_ S/D/O \_\_\_\_\_  
am aware that, as per notified UHS policy, this is my one-time opportunity to modify my previous Consent Form regarding my choice of upgradation/stay at this college.
- 2- I have been provisionally selected for the admission in **MBBS** program as per the \_\_\_\_\_  
Selection List displayed by the University of Health Sciences, Lahore on \_\_\_\_\_. (Date)
- 3- I acknowledge that this Modified Consent Form once signed and stamped by the College Authorities, must be photographed and **uploaded** on the designated application portal to complete the joining process.
- 4- I am aware that my name appearing in \_\_\_\_\_ (College Name) is  
provisional subject to verification of my documents and completion of admission process by UHS & PMDC.

**CONSENT FORM**

By signing this form, I hereby provide my informed **Modified Consent** for one of the following options (Please tick (✓) and sign only one option). I understand and accept that this is the final modification in my consent, and once submitted, shall be considered as final and irrevocable:

**Consent for Upgradation:**

☐ I hereby consent to **UPGRADATION** based on my merit and order of preference in the subsequent Selection List.

OR

**Consent for Stay:**

☐ I hereby choose to **STAY** in this College \_\_\_\_\_ (College Name)  
and **forfeit my right** for further upgradation in any subsequent Selection List(s) and confirming my retention in this college.

Name of Candidate: \_\_\_\_\_ CNIC No. of Candidate: \_\_\_\_\_

Signature left thumb impression of candidate: \_\_\_\_\_

Name of Father / Mother/Guardian: \_\_\_\_\_ CNIC No. \_\_\_\_\_

Signature left thumb impression of Father / Mother/Guardian: \_\_\_\_\_

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**College Verification**

Signature of College Authority) \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

Date: 

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