



JOINING REPORT AND CONSENT FORM FOR PRIVATE SECTOR INSTITUTIONS

(To be submitted by the selected candidate)

UHS Application ID [] [] [] [] [] [] Dated: _____

I, _____ S/D/O _____

Resident of _____ having been provisionally selected for admission to the MBBS/BDS program at _____ (College Name)

as per the _____ Selection List displayed by the University of Health Sciences Lahore on _____, hereby confirm as follows: (Date)

- 1. I have carefully read the admissions rules and regulations of University of Health Sciences, Lahore (UHS) and Pakistan Medical & Dental Council (PMDC) for the session 2024-25.
- 2. I have joined the aforementioned college on _____ by submitting this duly signed Joining Report to the College Authorities.
- 3. I have deposited the college fee amounting to Rs. _____ via Pay-Order/Online Transaction as evidenced by Receipt No. _____ dated _____.
- 4. I acknowledge that this Joining Report, once signed and stamped by the College Authorities, must be photographed and uploaded on the designated application portal to complete the joining process.
- 5. I am aware that my name appearing in (College Name) _____ is provisional subject to verification of my documents and admission process completion by UHS & PMDC.

CONSENT FORM

By signing this form, I hereby provide my informed consent for one of the following options (Please tick (✓) and sign only one option). I understand and accept the consent as under;

Consent for Upgradation:

[] I hereby consent to UPGRADATION based on my merit and order of preference in the next Selection List.

OR

Consent for Stay:

[] I hereby choose to STAY in this College _____ (College Name)

and forfeit my right after the due date 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: _____

College Verification

Date: [] [] [] [] [] []

Signature of College Authority) _____

Name _____ Designation _____

