



UNIVERSITY OF HEALTH SCIENCES, LAHORE

Khayaban-e-Jamia Punjab, Lahore. Phone(Off) 042-99230395 (6 Lines,) Ext. 321

Form No: 249389

ADMISSION FORM

MBBS

NOTE:

* Form MUST be filled by the candidate ONLY.

* Form with incomplete/incorrect information will be rejected.



1 Admission form for: **1st Year: First Professional (Annual - 2020)**

2 Full Name(first,middle,last)

NAQI RAZA

3 Father Name(first,middle,last)

MULAZIM HUSSAIN

4 Applicant CNIC No./B-Form No.

3 6 2 0 2 0 9 2 8 3 6 6 9

5 Name of Institution

Nishtar Medical University,Multan

6 Registration No.

2019-NMC-0272-UHS

Nationality : LODHRAN

7 Mailing Address (Mention all relevant information with postal code)

Basti Pipli Rathan Post Office Nao Qabil Waah, Tehsil Kehrur Pakka, District Lodhran, 59320

8 Mobile Phone No.

03017621394

Email/Fax No.

naqiraza470@gmail.com

9 Parent/ Guardian Mobile Phone No.

03017743218

Landline No. (with City code)

0619200231

10 Status: **1st Attempt**

11 Subject in which a candidate MUST appear to pass the said professional Examination

1 : Anatomy (Including Histology)

2 : Physiology

3 : Biochemistry

**UNIVERSITY OF HEALTH SCIENCES, LAHORE**

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ADMISSION FORM**MBBS****12** Fee Paid (Pakistani Rupee) 5750Payment Mode: Bank DraftDraft/Payorder/Bank deposit Receipt No. 0123Date : 06-Feb-2021**13 Documents to be attached :**

Attested copies of the following documents are submitted with the HARD COPY of the Online Admission Form duly Endorsed by the Head of the Institution.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> HSSC/Equivalence Certificate
(Only for candidate taking 1st
Professional Examination) | <input type="checkbox"/> Detailed Marks Certificates (DMCs) of
previous Professional Exams. | <input type="checkbox"/> Migration Certificate | <input type="checkbox"/> PM & DC Registration Certificate |
|--|--|--|---|

STUDENT DECLARATION

I hereby solemnly declare that :

(1) the information provided by me in this form is correct and no information has been concealed.

(2) I shall be responsible if my application form is rejected on the basis of any error, misinformation and omission.

(3) I understand that taking examination without being fully eligible is a crime under law, and in such case, the University will cancel the result.

Date : _____

Signature: _____
Signature of Applicant**HEAD OF INSTITUTION CERTIFICATION**

I certify that the candidate is eligible as per Rules & Regulations of PM & DC and University of Health Sciences , Lahore to take the above mentioned examination.

Date : _____

Signature: _____
Signature of Head of Institute
(with stamp)