



ADMISSION FORM FOR Doctor of Physical Therapy

NOTE:

- The form shall be submitted to the Office of the Controller of Examinations.
- The name /spelling of the candidate and his/her father be correctly written on this form, exactly as per the Matric/Equivalence Certificate, because, the same name / spelling will be finally printed on the Degree issued to you by the University.**
- Please fill in the form in **black ink** and clearly print or type 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 affix photograph here attested from front side (3X3 cm) with blue background

1 Admission form for: Doctor of Physical Therapy:

- | | |
|--|---|
| <input type="checkbox"/> First Professional | <input type="checkbox"/> Second Professional |
| <input type="checkbox"/> Third Professional | <input type="checkbox"/> Fourth Professional |
| <input type="checkbox"/> Final Professional | |

APPLICANT'S PERSONAL INFORMATION

2 Full Name (first, middle, last)

3 Father's Name (first, middle, last)

4 Applicant's NIC (provide copy)

Nationality
5 _____

6 Name of Institution

7 Registration Number

8 Mailing Address (mention all relevant information like post code etc.)

9 Mobile/Telephone Number (with city code)	E-mail / Fax #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

10 Appearing as Fresh / Repeater

If Repeater, Number of attempts already made (excluding this attempt):

Previous appearances:

First Attempt	:	Annual / Supplementary 20	Roll No
Second Attempt	:	Annual / Supplementary 20	Roll No
Third Attempt	:	Annual / Supplementary 20	Roll No
Fourth Attempt	:	Annual / Supplementary 20	Roll No

11 **Subjects in which to be examined:**

1. -----	4. -----
2. -----	5. -----
3. -----	6. -----

12 Fee Paid Rs. Mode of Payment

Draft Bank Receipt

Draft/Bank Receipt No: _____

Date: / /
(DD / MM / YYYY)

NOTE: Attach original Bank Draft/Bank Receipt with this form

13 **Documents to be attached:**

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

- Certificate of F. Sc Migration Certificate (in case of migration only)
- DMC of Doctor of physical Therapy of previous Professional
- 03 photographs **size (3x3 cm)** attested from front side paste at given place and 01 photograph **size (3x3 cm)** (attested from back side) attach with admission Form.

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CERTIFICATE BY THE APPLICANT

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 material 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 examination 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 result.

Date: _____

Signature of the applicant

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CERTIFICATE BY THE PRINCIPAL

A certificate on a pattern provided below will be sent to the Examination Department not later than two weeks prior to the commencement of the examination. Other wise Roll # slip / Admittance card shall not be issued to their candidates.

{ I certify that the candidate is eligible in all respects as per Rules & Regulation of University of Health Sciences, Lahore to appear in this examination.

Dated: _____

Signature of Principal (with stamp)



**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____
(Office use only)

Roll NO SLIP

(FOR SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



Controller of Examinations

Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

Signature of the Candidate



**UNIVERSITY OF HEALTH SCIENCES
Lahore**

Roll No : _____
(Office use only)

ROLL NO SLIP

(FOR CANDIDATE, TO BE HANDED OVER TO THE SUPERINTENDENT)

Examination: _____
Name: _____
Father's Name: _____
Name of Institution: _____
Subjects in which to be examined: _____



Controller of Examinations

Note: Cell/Mobile Phones, Palm Tops, Minicomputers and any other electronic equipment likely to help the candidates are completely prohibited in the Examination centers. Moreover Cell/Mobile Phones shall not be collected by the centre superintendent or University administration at examination centre.

Signature of the Candidate