UNIVERSITY OF HEALTH SCIENCES, LAHORE

University Registration Return 20_____, Course: _____

College / Institution /Department _____

Paste here one ID card size Photograph

(To reach the Office of the Registrar within Thirty days of admission)

Date of Entry to the Course if student upgraded/ migrated from other college	**1**			
Date of Entry to the College (In case of fresh admission in the course)	**2**			
Class Roll No.	**3**			
Student's Name *(Name & Spelling according to Matriculation Certificate / Equivalent)*	**4**			
Student CNIC Number	**5**			
Father's Name *(Name & Spelling according to Matriculation Certificate / Equivalent)*	**6**			
Father's CNIC Number	**7**			
Date of Birth (DD/MM/YYYY)	**8**			
Examinations Passed Matriculation, Intermediate etc.	**Exam 9**	**Matric/Equivalent**	**Inter/Equivalent**	**Entry Test**
	Roll No. 10			
	Year 11			
	Registration No. 12			
	Marks 13			
	Board/ University 14			
Name of the last attended Board / University (Original NOC to be attached If migrating from other Board / University)	**15**			
Category of Seats (Open Merit, Foreign or any other reserved seat.)	**16**			
Nationality/ Domicile District (Nationality in case of foreign student)	**17**			
Permanent Address	**18**			
Telephonic Contact	**19**			

Note:

** Attach One I.D. Card Size Photographs of the candidate with sky blue background attested on the back.*

The documents to be attached in following order;* ***1) *Entry test result.* ***2)*** *Matriculations.* ***3)*** *Intermediate.* ***4)*** *NOC /Migration certificate if applicable.*

Principal / Dean/ Head .....
College / Institution/ Department .....
Date: .....