

Self-Finance Seat

ADMISSION FORM FOR TWO YEARS LHV DIPLOMA COURSE **AT PUBLIC HEALTH SCHOOLS UNDER PHSA NETWORK,** **SESSION 2026-28**

Photos 3x3

Application No. _____

PHSA Employee's Daughters Quota		Open Merit Basis	
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Section 1:

Name as in Matric Certificate: _____

Father Name: _____

Marital Status/single		Married		Other	
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CNIC

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Date of Birth: _____ Nationality: _____

Religion: _____ Domicile _____

Address _____

Personal Mobile No: _____ Father Mobile No: _____

Guardian Mobile No: _____ Father's Occupation _____

Section 2:

Examination	Year	M/Obtained	Total Marks	Grade	School/College/Attended last
Matric (Science)					
FSC (Pre-Medical)					

Section 3:

I hereby certify that the entries made in this application form are correct according to the best of my knowledge. In case of any mistake/missing in my application form I will be responsible for all consequences.

Date _____

Applicant Signature: _____

I certify that Mst. _____ D/O _____ is applying for 2 years LHV diploma course admission with my prior permission.

Date _____

Father /Husband/Guardians Signature _____