

**ADMISSION FORM FOR 02 YEARS LHV DIPLOMA COURSE  
AT PUBLIC HEALTH SCHOOLS UNDER PHSA NETWORK**

PASTE  
PICTURES  
  
HERE

Application No. \_\_\_\_\_

**Section 1:**

Name as in Matric Certificate \_\_\_\_\_

Daughter /Wife of \_\_\_\_\_

Marital Status	Single		Married		Other	
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Father's/Husband Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Religion \_\_\_\_\_ Domicile \_\_\_\_\_

Address \_\_\_\_\_

Contact No: (Father) \_\_\_\_\_ Guardian \_\_\_\_\_ Candidate \_\_\_\_\_

CNIC NO

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**Section 2:**

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

**Section 3:**

I hereby certify that the entries made in this application form are correct and I promise to abide by the rules and regulations of the institute and also to comply with the order of the authorities issued from time to time.  
I confirm that admission in the school is provisional and is subject to cancellation if any irregularity is found in my admission form/documents.

**Date** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

I certify that, I, being father / Husband / Guardian, hereby certify that daughter /wife is applying for admission with my prior permission and I will be responsible for her behavior and financial expenses of the course / boarding and lodging.

**Date** \_\_\_\_\_ **Father /Guardians Signature** \_\_\_\_\_

-----FOR OFFICIAL USE-----

**Received By** \_\_\_\_\_ **Date** \_\_ / \_\_ /2021. **Signature** \_\_\_\_\_