

Regular Seat

ADMISSION FORM FOR TWO YEARS LHV DIPLOMA COURSE AT PUBLIC HEALTH SCHOOLS UNDER PHSA NETWORK, SESSION 2023-25

Photos 3x3

Application No. _____

| | | | | | | |
|---------------------|--------------|--|----------------|--|---------------|--|
| Applied For: | Regular Seat | | Minority Quota | | Disable Quota | |
|---------------------|--------------|--|----------------|--|---------------|--|

Section 1:

Name as in Matric Certificate _____

Father Name _____

| | | | | | |
|------------------------------|--|---------|--|-------|--|
| Marital Status/single | | Married | | Other | |
|------------------------------|--|---------|--|-------|--|

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 _____